

**Task Force to Study**

**GROUP HOMES**

**EDUCATION AND**

**PLACEMENT PRACTICES**

Senate Bill 476 (2007 Legislative Session)

**Final Report**

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December 1, 2008

BOBBY A. ZIRKIN  
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Budget and Taxation Committee  
Public Safety, Transportation,  
and Environment Subcommittee

Joint Committee on  
Children, Youth, and Families

Joint Committee on Open Space/  
Agricultural Land Preservation

## *The Senate of Maryland*

ANNAPOLIS, MARYLAND 21401

December 15, 2008

The Honorable Martin O'Malley  
Governor  
State House, 2<sup>nd</sup> Floor  
Annapolis, MD 21401

The Honorable Thomas V. Mike Miller, Jr.  
President, Senate of Maryland  
State House, H-107  
Annapolis, MD 21401

The Honorable Michael E. Busch  
Speaker, House of Delegates  
State House, H-101  
Annapolis, MD 21401

Dear Governor O'Malley, President Miller and Speaker Busch:

In accordance with Chapter 333 of the Acts of 2007, enclosed please find the final report of the Task Force to Study Group Home Education and Placement Practices.

In order to gain an historical perspective of the issue, the Task Force reviewed group home related legislation introduced in the previous eight regular sessions of the Maryland General Assembly. Additionally, a considerable amount of information was examined including geographic locations of group homes and their regional density throughout the State, the licensing process, the development of contracts, and placement issues experienced by State agencies. As previously reported, four workgroups were formed to address more specific issues in a more thorough and efficient manner

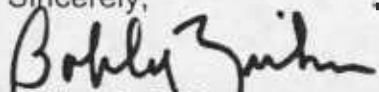
I sponsored three important pieces of legislation that were linked to the work of this group.

Senate Bill 742 Human Services-Residential Child Care Program – Bill of Rights  
Senate Bill 782 Residential Child Care Programs – Statement of Need  
Senate Bill 783 Residential Child Care Programs – Certification of Residential  
Child Care Program Professionals

As learned during the work of this Task Force, this is a very complex process that extends into many state agencies. The findings of the Task Force will need to be revisited on a regular basis in order to adapt to the ever-changing need of the youth who are served in this area. Through legislation we will continue with the work that this group has started. There is still much to be done.

Thank you for the privilege of being named the chair of the Task Force to Study Group Home Education and Placement Practices. I congratulate all of those who worked so diligently on this important issue.

Sincerely,



Bobby A. Zinkin  
Senator, District 11, Baltimore County  
Chairman, Task Force to Study Group Home  
Education and Placement Practices

Enclosure

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# Executive Summary

# **Summary of Work by Task Force to Study Group Home Education and Placement Practices**

## **I. Task Force Established**

Senate Bill 476, Task Force to Study Group Home Education and Placement Practices, was passed by the General Assembly and signed by the Governor during the 2007 legislative session. The Task Force was required to examine the current status of group home education and placement practices and to make recommendations for future requirements for the placement of children.

The Task Force members included:

### **Legislators:**

Senator Robert Zirkin, Chair  
Senator Anthony Muse  
Delegate Stephen Lafferty  
Delegate Todd Schuler

### **State Departments:**

Secretary Brenda Donald, Department of Human Resources (DHR)  
Secretary Donald DeVore, Department of Juvenile Services (DJS)  
Barbara DiPietro, Department of Health and Mental Hygiene (DHMH)  
Steven Sorin, Maryland State Department of Education (MSDE)  
Abbie Riopelle, Office of the Public Defender  
Cheri Gerard, Department of Budget and Management (DBM)

### **Local Departments of Social Services:**

Karen Lynch, Prince George's County Department of Social Services  
Tim Griffith, Baltimore County Department of Social Services

### **Local Coordinating Council:**

Paula Fisher, Washington County Local Coordinating Council

### **Non-Profit Providers:**

Frank Kros, The Children's Guild  
Sheryl Brissett-Chapman, National Center for Children and Families

### **Child Advocacy Community:**

Kathleen Gardiner Aron, Coalition to Protect Maryland's Children \*  
Jim McComb, Maryland Association of Resources for Families and Youth \*

\* Resigned

Governor's Office for Children  
Cassie Motz  
Delores Briones  
Greg Shupe

State Coordinating Council  
Linda Carter (resigned 4/15/2008)  
Sarah Reiman (appointed 7/15/2008)

Staff: Shelley Tinney

## **II. Group Home Data**

The Task Force reviewed data on group homes from the Department of Human Resources, Department of Juvenile Services and Governor's Office for Children. The data reviewed included:

- group home licensing by location;
- point of time census surveys of group home providers;
- cross-jurisdictional placements of children;
- degree of co-mingling, capacity of current group homes; and
- the current licensing process.

It was determined by the Task Force that these issues needed to be addressed and studied. As a result, the Task Force convened four workgroups. These workgroups included:

- **Statement of Need Workgroup**

This workgroup was charged with exploring alternatives to the current method of recruiting new group homes. This was an effort to create a system that would be driven by the needs of children and the placement agencies. The workgroup reviewed the following:

- current placement process;
- RFP process;
- certificate of need process; and
- performance based contracting.

The workgroup reviewed data on where group homes are located and how they are licensed. Based on discussion during Task Force meetings, some members determined it was necessary to introduce legislation to create a statement of need in order for the departments that place children in group homes to control where and when these group homes are licensed. The Task Force supported the legislation.

- **Education Standards/Placements Workgroup**

This workgroup was established to study how the educational needs of youth impact placement decisions; how youth living in group homes are tracked by the educational system; and the expectations for group homes to provide academic support and summer enrichment programs for youth in their care. The workgroup provided information to the Task Force related to the responsibility of the State or local placing agency for children of compulsory school age to be enrolled in the local school system, and the responsibility of the local school system when children who reside in group homes are enrolled in school. It is the responsibility of the State or local placing agency case manager to monitor education progress for individual children.

- **Needs of Children and Group Home Expectations Workgroup**

This workgroup was established to study how the needs of youth in care are assessed and how those assessments correlate with the State's expectations for services to be delivered by group homes.

- **Report Card Workgroup**

This workgroup was established to identify and examine a report card model to use in Maryland. The workgroup was tasked with the development of a report card to measure group home performance across the agencies. The workgroup was made up of representatives from DHR, DJS and DHMH, providers and advocates. The workgroup determined that a report card could be developed without legislation.

### **III. Task Force Accomplishments**

Informed by discussion with Task Force members, Chairman Zirkin introduced bills during the 2008 Legislative Session related to residential child care.

#### **Statement of Need**

The Statement of Need is a licensing process that is driven by the needs of the children and placement agencies. The Task Force reviewed the demographics of children in group homes. The data indicated that there is a misalignment of resources in the State in that a few counties have nearly all of the group home capacity; resulting in many children traveling across jurisdictional boundaries to find needed resources. While some counties have more children in their county from other jurisdictions than they do from their own; some counties have no resources whatsoever.

During the 2008 legislative session, SB 782 Residential Child Care – Statement of Need was introduced by Senator Zirkin and approved by the General Assembly. SB 782 requires the departments of Human Resources and Juvenile Services to issue a county-specific statement of need:

- before a residential child care program is issued a license;
- an existing program is relocated;
- an existing site is expanded; or
- the number of placements in an existing program is increased.

Further, this legislation requires that a licensing agency must consider the special needs of the affected children when developing a statement of need. DHR and DJS must publish notice of the statement of need in the Maryland Register.

The Statement of Need legislation went into effect on October 1, 2008. Procedures for developing a statement of need and the process for accepting proposals are being developed by each agency.

### **Bill of Rights**

This initiative requires a residential child care provider to conspicuously post a Residents' Bill of Rights in a residential child care facility.

During the 2008 session, SB 742 Human Services - Residential Child Care Program - Bill of Rights was introduced by Senator Zirkin and approved by the General Assembly. This legislation requires residential child care providers, including those licensed by the Developmental Disabilities Administration, to conspicuously post a Residents' Bill of Rights in a facility. The bill of rights establishes a resident's right to be treated fairly and receive appropriate educational and guidance services in an environment that is free of discrimination or abuse. Residential child care providers are also required to develop and distribute a handbook that includes specified information about the provider's policies and procedures. Residential Child Care Providers must document receipt of the handbook by each child receiving care and his or her parents or guardians.

The agencies developed a Bill of Rights for all youth in residential child care facilities and sent it to all licensed residential child care facilities in Maryland. An outline of requirements for provider implementation of the Bill of Rights and Resident Handbooks was also developed and sent to all residential child care facilities in Maryland. The agencies will meet with providers to assist them with implementation of the requirements and have already provided them with copies of the Bill of Rights. Monitoring to ensure that all providers are complying will begin March 2009.

### **Certification of Residential Child Care Professionals**

This initiative was based on recommendations from a Children's Cabinet report entitled "Recommendations for Direct Care Training and Certification." The report indicated that there is not standardized training for residential child care workers. The report recommended that professionalizing the role of direct care workers is the best method to attract dedicated individuals to the field and to maintain a well-trained workforce necessary to meet the needs of youth in out-of-home care.

Care Program Administrators to include the certification of residential child and youth care practitioners, standardizes the type of training received prior to working with children and requires testing of staff to assure their competence.

The Board has sent a notice to all residential child care programs and certified program administrators regarding the certification requirement and name change. The Board is in the process of drafting regulations and developing the exam. The Maryland Association of Resources for Families and Youth (MARFY), in collaboration with Baltimore City Community College has developed a curriculum for this certification process and has initiated courses. These courses will be offered statewide at community colleges. Practitioners are required to be certified by the board no later than October 1, 2013.

### **Group Home Report Card**

The Task Force sought to develop a report card which addresses varying levels of quality performance in the delivery of group home services. Significant literature was reviewed and numerous models studied.

A template for the report card was developed for initial implementation by DHR in January 2009. Currently DJS and DHMH are reviewing this template, and feedback is being sought from the provider community. The plan is to begin implementation by the summer of 2009. No legislation is needed to develop and implement the report card.

# Task Force Membership



# **TASK FORCE TO STUDY GROUP HOME EDUCATION AND PLACEMENT PRACTICES**

## **MEMBERSHIP LIST**

### **Legislators**

Senator Robert Zirkin, Chair  
Senator Anthony Muse  
Delegate Stephen Lafferty  
Delegate Todd Schuler

### **State Agency Representatives**

Brenda Donald, Secretary, Department of Human Resources  
Donald DeVore, Secretary, Department Juvenile Services  
Barb DiPietro, Special Assistant to Deputy Secretary of Public Health Service, Department of Health and Mental Hygiene  
Steven Sorin, Chair, Interagency Rates Committee, Maryland State Department of Education  
Abbie Riopelle, Office of the Public Defender  
Cheri Gerard, Department of Budget and Management (Clark Williams alternate)  
Dolores Briones, Executive Director, Governor's Office for Children

### **Local Department of Social Services Directors**

Karen Lynch, Director, Prince George's County Department Social Services  
Tim Griffith, Director, Baltimore County Department Social Services

### **State Coordinating Council Representative**

Linda Carter, Manager, State Coordinating Council, Governor's Office for Children <sup>i</sup>  
Sarah Reiman, Manager, State Coordinating Council, Governor's Office for Children <sup>ii</sup>

### **Local Coordinating Council Representative**

Paula Fisher, Washington County Local Coordinating Council

### **Non-profit Service Providers**

Sheryl Brissett-Chapman, Executive Director, National Center for Children and Families  
Frank Kros, Vice President, The Children's Guild

### **Child Advocates**

Kathleen Gardiner, Co-Chair, Coalition to Protect Maryland's Children <sup>iii</sup>  
Jim McComb, Executive Director, Maryland Association of Resources for Families and Youth <sup>iv</sup>

### **Staff**

Shelley Tinney, Director, Community Resource Development, Governor's Office for Children

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<sup>i</sup> Resigned 4/15/08

<sup>ii</sup> Appointed 7/15/08

<sup>iii</sup> Resigned 10/24/08

<sup>iv</sup> Resigned 5/12/08



# Task Force to Study Group Home Education and Placement Practices

## SB 476 (2007)

## CHAPTER 333

(Senate Bill 476)

AN ACT concerning

~~Juveniles—Group Home Education Program~~  
Task Force to Study Group Home Education and Placement Practices

FOR the purpose of ~~requiring the Department of Juvenile Services, in cooperation with the State Department of Education, to establish a Group Home Education Program in certain group homes in the State on or before a certain date; providing for the purpose of the Program; making certain provisions relating to education applicable to the Program; authorizing the Program to be conducted at certain locations; requiring teachers in the Program to take certain actions; requiring the curriculum of the Program to be developed under the jurisdiction of the State Department of Education; providing for certain funding; authorizing the Department of Juvenile Services and the State Department of Education to adopt certain regulations; and generally relating to the Group Home Education Program~~ establishing a Task Force to Study Group Home Education and Placement Practices; providing for the membership and staffing of the Task Force; providing that the members of the Task Force may not receive compensation but are entitled to a certain reimbursement; establishing the duties of the Task Force; requiring the Task Force to submit certain reports to the Governor and the General Assembly on or before certain dates; providing for the termination of this Act; and generally relating to the Task Force to Study Group Home Education and Placement Practices.

~~BY repealing and reenacting, without amendments,~~

~~Article—Human Services~~

~~Section 9-231~~

~~Annotated Code of Maryland~~

~~(As enacted by Chapter \_\_\_ (S.B.6) of the Acts of the General Assembly of 2007)~~

~~BY adding to~~

~~Article—Human Services~~

~~Section 9-231.1~~

~~Annotated Code of Maryland~~

~~(As enacted by Chapter \_\_\_ (S.B.6) of the Acts of the General Assembly of 2007)~~

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That ~~the Laws of Maryland read as follows:~~

**~~Article—Human Services~~**

**~~9-231.~~**

~~(a) The Department may place children in group homes and institutions operated by nonprofit or for-profit entities to provide for their care, diagnosis, training, education, and rehabilitation.~~

~~(b) (1) The Department shall reimburse the entities described in subsection (a) of this section for the cost of the services at appropriate monthly rates that the Department determines, as provided in the State budget.~~

~~(2) The Department may establish different reimbursement rates for homes and institutions that provide intermediate services and homes and institutions that provide full services.~~

~~(c) The Department may not place a child in a group home or other residential facility that is not operating in compliance with applicable State licensing laws.~~

**~~9-231.1.~~**

~~(A) ON OR BEFORE SEPTEMBER 1, 2011, THE DEPARTMENT, IN COOPERATION WITH THE STATE DEPARTMENT OF EDUCATION, SHALL ESTABLISH A GROUP HOME EDUCATION PROGRAM IN ALL GROUP HOMES IN THE STATE THAT:~~

~~(1) ACCEPT CHILDREN COMMITTED TO THE CUSTODY OF THE DEPARTMENT; AND~~

~~(2) ARE LICENSED BY THE DEPARTMENT.~~

~~(B) THE PURPOSE OF THE PROGRAM IS TO PROVIDE EDUCATIONAL INSTRUCTION FOR 12 MONTHS OF THE YEAR BY TEACHERS WHO HOLD A CERTIFICATE UNDER TITLE 6, SUBTITLE 1 OF THE EDUCATION ARTICLE.~~

~~(C) (1) EXCEPT AS OTHERWISE PROVIDED IN THIS SECTION, THE PROVISIONS OF DIVISION I AND DIVISION II OF THE EDUCATION ARTICLE SHALL APPLY TO THE PROGRAM ESTABLISHED UNDER THIS SECTION.~~

~~(2) THE PROGRAM MAY BE CONDUCTED ON-SITE AT THE GROUP HOME OR AT A REMOTE LOCATION DEDICATED SPECIFICALLY TO EDUCATING CHILDREN WHO ARE A PART OF THE PROGRAM.~~

~~(D) (1) THE TEACHERS IN THE PROGRAM SHALL DEVELOP AN INDIVIDUALIZED PLAN FOR EDUCATION FOR EACH CHILD IN THE PROGRAM WHO DOES NOT RECEIVE AN INDIVIDUALIZED EDUCATION PROGRAM, AS DEFINED IN § 8-408 OF THE EDUCATION ARTICLE.~~

~~(2) FOR EACH CHILD IN THE PROGRAM, THE TEACHERS SHALL PROVIDE A MONTHLY REPORT TO THE CHILD'S PARENTS, THE JUVENILE COURT, AND THE DEPARTMENT ON THE CHILD'S PROGRESS IN THE PROGRAM.~~

~~(E) (1) THE CURRICULUM OF THE PROGRAM SHALL BE DEVELOPED UNDER THE JURISDICTION OF THE STATE DEPARTMENT OF EDUCATION.~~

~~(2) FUNDING FOR THE PROGRAM SHALL INCLUDE ANY MONEYS THAT TRANSFER WITH THE CHILD FROM THE SCHOOL SYSTEM OF THE CHILD'S RESIDENCE.~~

~~(F) THE DEPARTMENT AND THE STATE DEPARTMENT OF EDUCATION MAY ADOPT REGULATIONS TO IMPLEMENT THE PROVISIONS OF THIS SECTION.~~

(a) There is a Task Force to Study Group Home Education and Placement Practices.

(b) The Task Force consists of the following members:

(1) two members of the Senate of Maryland, appointed by the President of the Senate;

(2) two members of the House of Delegates, appointed by the Speaker of the House;

(3) the Secretary of Human Resources, or the Secretary's designee;

(4) the Secretary of Juvenile Services, or the Secretary's designee;

designee;

(5) the Secretary of Health and Mental Hygiene, or the Secretary's

designee;

(6) the Secretary of Budget and Management, or the Secretary's

designee;

(7) the State Superintendent of Schools, or the Superintendent's

designee;

(8) the Executive Director of the Governor's Office for Children, or the  
Executive Director's designee; and

and

(9) the Public Defender of Maryland, or the Public Defender's designee;

~~(9)~~ (10) the following members, appointed by the Governor:

- (i) two representatives of local departments of social services;
- (ii) two representatives of nonprofit service providers;
- (iii) one representative of the State Coordinating Council;
- (iv) one representative of a local coordinating council; and
- (v) two representatives of the child advocacy community.

(c) The President of the Senate and the Speaker of the House shall jointly designate the chair of the Task Force.

(d) The ~~Department of Legislative Services~~ Governor's Office for Children shall provide staff for the Task Force.

(e) A member of the Task Force:

- (1) may not receive compensation as a member of the Task Force; but
- (2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) (1) The Task Force shall:



(i) examine the current status of group home education and placement practices in out-of-home placements licensed by State agencies; and

(ii) make recommendations for future requirements for the placement of children in State licensed programs.

(2) The Task Force shall consider the following while making its findings and recommendations:

(i) funding requirements for:

1. programs for children committed to the Department of Juvenile Services and the Department of Human Resources;

2. alternative programs;

3. separate programs versus commingled programs; and

4. other State agencies;

(ii) the feasibility of separate programs and facilities for children commingled in programs licensed by the Department of Juvenile Services, the Department of Human Resources, the Department of Health and Mental Hygiene, and the Maryland State Department of Education;

(iii) studies related to the commingling of children committed to the Department of Juvenile Services and the Department of Human Resources;

(iv) the demographics of children committed to the Department of Juvenile Services and the Department of Human Resources;

(v) the educational needs of youth served by group homes;

(vi) the fiscal impact of prohibiting commingling of children on current and future providers;

(vii) the number of negative incidents in commingled and noncommingled programs; and

(viii) the commitment history of children in commingled and noncommingled programs.

(g) The Task Force shall submit to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly:

(1) an interim report of its findings and recommendations on or before December 1, 2007; and

(2) a final report of its findings and recommendations on or before December 1, 2008.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect ~~October~~ July 1, 2007. It shall remain effective for a period of 2 years and, at the end of June 30, 2009, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

**Approved by the Governor, May 8, 2007.**

# Human Services - Residential Child Care Program - Bill of Rights

SB 742 (2008)



## CHAPTER 207

(Senate Bill 742)

AN ACT concerning

### Human Services – Residential Child Care Program – Bill of Rights

FOR the purpose of providing that a contract awarded or renewed between a certain agency and a provider of a residential child care program shall require the provider to conspicuously post a “Residents’ Bill of Rights” in the facility of the provider that includes certain rights; requiring a provider of a residential child care program to develop and, on placement, provide to residents and their parents or legal guardians a handbook of the policies of the provider and the contracting agency as they relate to certain issues; requiring certain documentation regarding receipt and review of the handbook by certain persons; providing that nothing in this Act precludes an agency or provider from providing additional rights to a resident; altering a certain definition; and generally relating to residential child care programs.

BY repealing and reenacting, ~~without~~ with amendments,

Article – Human Services

Section 8-701

Annotated Code of Maryland  
(2007 Volume)

BY adding to

Article – Human Services

Section 8-707

Annotated Code of Maryland  
(2007 Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

### Article – Human Services

8-701.

- (a) In this part the following words have the meanings indicated.
- (b) “Agency” means:
  - (1) the Department of Health and Mental Hygiene;

- (2) the Department of Human Resources; or
- (3) the Department of Juvenile Services.
- (c) "Certified program administrator" means an individual who is:
  - (1) certified by the State Board for Certification of Residential Child Care Program Administrators under Title 20 of the Health Occupations Article; and
  - (2) responsible for the day-to-day management and operation of a residential child care program.
- (d) "Plan" means the State Resource Plan for Residential Child Care Programs.
- (e) "Provider" means a for profit or not for profit entity licensed by an agency to operate a residential child care program.
- (f) ~~"Residential~~ **EXCEPT AS PROVIDED IN § 8-707 OF THIS SUBTITLE,** **"RESIDENTIAL** child care program" does not include sites licensed by the Developmental Disabilities Administration.

**8-707.**

**(A) IN THIS SECTION, "RESIDENTIAL CHILD CARE PROGRAM" INCLUDES SITES LICENSED BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION.**

**(A) (B) A CONTRACT AWARDED OR RENEWED BETWEEN AN AGENCY AND A PROVIDER SHALL REQUIRE THE PROVIDER TO:**

**(1) POST CONSPICUOUSLY A "RESIDENTS' BILL OF RIGHTS" IN THE FACILITY OF THE PROVIDER STATING THAT A RESIDENT HAS A RIGHT:**

**(I) TO BE TREATED WITH FAIRNESS, DIGNITY, AND RESPECT;**

**(II) TO RECEIVE APPROPRIATE AND REASONABLE ADULT GUIDANCE, SUPPORT, AND SUPERVISION, CONSISTENT WITH THE RESIDENT'S AGE AND LEVEL OF DEVELOPMENT;**

**(III) NOT TO BE ABUSED, MISTREATED, THREATENED, HARASSED, OR SUBJECTED TO CORPORAL PUNISHMENT OR TO OTHER UNUSUAL OR EXTREME METHODS OF DISCIPLINE;**

(IV) TO HAVE THE RESIDENT'S OPINION HEARD AND TO BE INCLUDED, TO THE GREATEST EXTENT POSSIBLE AND CONSISTENT WITH THE RESIDENT'S AGE AND LEVEL OF DEVELOPMENT, WHEN MAJOR DECISIONS, INCLUDING REGULAR CASE PLANNING MEETINGS, ARE BEING MADE AFFECTING THE RESIDENT'S LIFE;

(V) TO REASONABLE AND CLINICALLY APPROPRIATE VISITATION, MAIL, AND TELEPHONE COMMUNICATION WITH RELATIVES, FRIENDS, ATTORNEYS, SOCIAL WORKERS, THERAPISTS, AND GUARDIANS AD LITEM;

(VI) TO HAVE THE RESIDENT'S RELATIVES AND DESIGNATED REPRESENTATIVES, WHO ARE AUTHORIZED IN WRITING BY THE CONTRACTING AGENCY, TO COMMUNICATE WITH THE FACILITY OF THE PROVIDER, ASK QUESTIONS OF THE FACILITY OF THE PROVIDER, AND HAVE QUESTIONS ANSWERED PROMPTLY BY THE FACILITY OF THE PROVIDER;

(VII) TO LANGUAGE TRANSLATION AND INTERPRETATION SERVICES, IF NECESSARY;

(VIII) NOT TO BE DISCRIMINATED AGAINST ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS; AND

(IX) TO AN APPROPRIATE EDUCATION, INCLUDING EDUCATIONAL SUPPORTS SUCH AS HOMEWORK ASSISTANCE, SUMMER ENRICHMENT OPPORTUNITIES, AND EMPLOYMENT SKILLS TRAINING; ~~AND~~

(2) DEVELOP AND, ON PLACEMENT, PROVIDE TO RESIDENTS AND THEIR PARENTS OR LEGAL GUARDIANS A HANDBOOK OF THE POLICIES OF THE PROVIDER AND THE CONTRACTING AGENCY AS THEY RELATE TO:

(I) THE MISSION OF THE PROGRAM;

(II) PLACEMENT AND DISCHARGE;

(III) DAILY ROUTINES;

(IV) TREATMENT STRATEGIES;

(V) DISCIPLINARY PRACTICES;

- (VI) VISITING HOURS;
- (VII) COMMUNICATION PROCEDURES WITH RESIDENTS;
- (VIII) GRIEVANCE PROCEDURES;
- (IX) HEALTH CARE ACCESS;
- (X) RELIGIOUS EXERCISE ACCESS;
- (XI) EMERGENCY TELEPHONE CONTACT INFORMATION;
- (XII) FAMILY INVOLVEMENT;
- (XIII) ATTORNEY ACCESS;
- (XIV) COMMUNITY INTEGRATION;
- (XV) EDUCATION;
- (XVI) MEDICAL AND DENTAL CARE;
- (XVII) RECREATION;
- (XVIII) LIFE SKILLS TRAINING;
- (XIX) CLOTHING;
- (XX) PERSONAL FUNDS;
- (XXI) FOOD AND NUTRITION;
- (XXII) DAY CARE;
- (XXIII) PERSONAL BELONGINGS;
- (XXIV) EXTRACURRICULAR ACTIVITIES; AND
- (XXV) THERAPY; AND

(3) DOCUMENT IN EACH CHILD'S CASE FILE RECEIPT AND REVIEW BY THE CHILD AND THE PARENT OR GUARDIAN OF THE CHILD OF THE HANDBOOK REQUIRED TO BE PROVIDED UNDER ITEM (2) OF THIS SUBSECTION.

~~(B)~~ (C)      **NOTHING IN THIS SECTION PRECLUDES A CONTRACTING AGENCY OR PROVIDER FROM PROVIDING ADDITIONAL RIGHTS TO A RESIDENT.**

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2008.

**Approved by the Governor, April 24, 2008.**

# Residential Child Care Programs - Statement of Need

SB 782 (2008)

## CHAPTER 454

(Senate Bill 782)

AN ACT concerning

### Residential Child Care Programs – Statement of Need

FOR the purpose of requiring a statement of need for developing, operating, establishing, relocating, or expanding a residential child care program; providing certain exceptions; requiring that, before an application is submitted or a license is granted, the Department of Human Resources ~~and~~ or the Department of Juvenile Services ~~to~~ shall issue a statement of need to a program; requiring the Departments to adopt certain regulations; requiring the Departments to consider certain needs of certain children and consult with certain stakeholders in developing certain regulations; requiring the Departments to provide notification of certain applications in a certain manner; defining certain terms; requiring a certain report on or before a certain date; and generally relating to statements of need for residential child care programs.

BY adding to

Article – Human Services

Section 8-703.1

Annotated Code of Maryland

(2007 Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

#### Article – Human Services

##### 8-703.1.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “LICENSING AGENCY” MEANS:

(I) THE DEPARTMENT OF HUMAN RESOURCES; AND

(II) THE DEPARTMENT OF JUVENILE SERVICES.

(3) “STATEMENT OF NEED” MEANS AN OFFICIAL CERTIFICATION OF PUBLIC NEED FOR THE LOCATION AND ESTABLISHMENT OF A RESIDENTIAL



CHILD CARE PROGRAM IN A COUNTY ISSUED BY A LICENSING AGENCY UNDER THIS SECTION.

(B) THE LICENSING AGENCIES SHALL ADOPT REGULATIONS GOVERNING THE ISSUANCE OF STATEMENTS OF NEED.

(C) IN DEVELOPING THE REGULATIONS REQUIRED UNDER SUBSECTION (B) OF THIS SECTION, A LICENSING AGENCY SHALL:

(1) CONSIDER THE SPECIALIZED MENTAL, PHYSICAL, AND BEHAVIORAL HEALTH AND DEVELOPMENTAL NEEDS OF CHILDREN IN THE COUNTY OR REGION AFFECTED BY THE STATEMENT OF NEED; AND

(2) CONSULT WITH STAKEHOLDERS IN THE COUNTY OR REGION AFFECTED BY THE STATEMENT OF NEED, INCLUDING:

(I) STATE AND LOCAL CHILD-SERVING AGENCIES;

(II) PROVIDERS OF RESIDENTIAL AND COMMUNITY-BASED SERVICES FOR CHILDREN; AND

(III) CHILDREN, PARENTS, AND FOSTER PARENTS.

~~(C)~~ (D) AN APPLICATION MAY NOT BE SUBMITTED TO THE OFFICE AND A LICENSE MAY NOT BE GRANTED BY A LICENSING AGENCY FOR A RESIDENTIAL CHILD CARE PROGRAM UNTIL A LICENSING AGENCY ISSUES A STATEMENT OF NEED FOR A RESIDENTIAL CHILD CARE PROGRAM IN A COUNTY.

~~(D)~~ (E) IN ADDITION TO THE STATEMENT OF NEED REQUIRED UNDER SUBSECTION ~~(C)~~ (D) OF THIS SECTION, A STATEMENT OF NEED IS REQUIRED BEFORE:

(1) AN EXISTING OR PREVIOUSLY LICENSED RESIDENTIAL CHILD CARE PROGRAM IS RELOCATED TO ANOTHER SITE;

(2) THE PHYSICAL SITE OF A RESIDENTIAL CHILD CARE PROGRAM IS EXPANDED ~~OR RENOVATED~~; OR

(3) THE NUMBER OF PLACEMENTS IN A RESIDENTIAL CHILD CARE PROGRAM IS INCREASED.

~~(E)~~ (F) A LICENSING AGENCY SHALL PUBLISH NOTICE OF THE ISSUANCE OF A STATEMENT OF NEED IN THE MARYLAND REGISTER.



~~(F) A LICENSING AGENCY SHALL HAVE NONDELEGABLE AUTHORITY TO  
ISSUE A STATEMENT OF NEED.~~

(G) A LICENSING AGENCY MAY NOT DELEGATE ITS AUTHORITY TO ISSUE  
A STATEMENT OF NEED.

SECTION 2. AND BE IT FURTHER ENACTED, That, on or before October 1,  
2008, the Department of Juvenile Services, the Department of Human Resources, and  
the Governor's Office for Children shall jointly report to the General Assembly, in  
accordance with § 2-1246 of the State Government Article:

(1) the processes adopted under this Act for developing a statement of  
need and for determining and documenting the needs of the children affected by a  
statement of need;

(2) ways in which the agencies will coordinate the appropriate  
development of placement resources; and

(3) actions taken and planned to develop resources in underserved  
areas and resources that match the nature and intensity of the documented,  
specialized needs of children, including strategies to overcome community resistance.

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take  
effect October 1, 2008.

**Approved by the Governor, May 13, 2008.**

Residential Child Care  
Programs - Certification of  
Residential Child Care Program  
Professionals

SB 783 (2008)

## CHAPTER 218

(Senate Bill 783)

AN ACT concerning

### **Residential Child Care Programs – Certification of ~~Direct Care Workers~~ Residential Child Care Program Professionals**

FOR the purpose of renaming the State Board for Certification of Residential Child Care Program Administrators to be the State Board for Certification of Residential Child Care Program ~~Administrators and Direct Care Workers~~ Professionals; altering the membership of the Board; requiring an individual to be certified before the individual may ~~operate~~ perform certain responsibilities as a ~~direct care worker~~ residential child and youth care practitioner in a certain residential child care program programs; specifying the qualifications of certain certificates; specifying procedures for certain applications; establishing a certain date by which all residential child care programs shall have certified ~~direct care workers~~ residential child and youth care practitioners; altering certain definitions; defining certain terms; correcting certain obsolete references; and generally relating to the certification of individuals to operate residential child care programs.

BY repealing and reenacting, with amendments,

Article – Health Occupations

Section 20-101, 20-201, 20-202, 20-205, 20-301, 20-302, 20-303, 20-305, ~~20-306~~, 20-309, 20-310, 20-311, 20-312, 20-313, 20-401, 20-402, 20-403, and 20-501 to be under the amended title “Title 20. Residential Child Care Program ~~Administrators and Direct Care Workers~~ Professionals”

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(2005 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, without amendments,

Article – Health Occupations

Section ~~20-303~~, 20-304, 20-306, 20-307, 20-308, and 20-502

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(2005 Replacement Volume and 2007 Supplement)

BY adding to

Article – Health Occupations

Section 20-302.1

Annotated Code of Maryland

(2005 Replacement Volume and 2007 Supplement)

BY repealing and reenacting, with amendments,  
Article – Human Services  
Section 8–701(c)  
Annotated Code of Maryland  
(2007 Volume)

BY repealing and reenacting, with amendments,  
Article – State Government  
Section 8–403(b)(61)  
Annotated Code of Maryland  
(2004 Replacement Volume and 2007 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

**Article – Health Occupations**

Title 20. Residential Child Care Program ~~Administrators AND DIRECT CARE~~  
**WORKERS PROFESSIONALS.**

20–101.

- (a) In this title the following words have the meanings indicated.
- (b) (1) “Agency” means:
  - (i) The Developmental Disabilities Administration in the Department;
  - (ii) The Department;
  - (iii) The Department of Human Resources;
  - (iv) The Department of Juvenile Services; and
  - (v) The Mental Hygiene Administration in the Department.
- (2) “Agency” includes the State Superintendent of Schools.
- (c) “Board” means the State Board for Certification of Residential Child Care Program ~~Administrators AND DIRECT CARE WORKERS~~ **PROFESSIONALS.**
- (d) “Certificate” means, unless the context requires otherwise, a certificate issued by the Board to ~~administer OR OPERATE a residential child care program~~ **PRACTICE AS A PROGRAM ADMINISTRATOR OR AS A RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER.**

(E) "CERTIFIED ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER" MEANS, UNLESS THE CONTEXT REQUIRES OTHERWISE, AN INDIVIDUAL WHO IS: CERTIFIED BY THE BOARD TO PRACTICE AS A RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER.

~~(1) CERTIFIED BY THE BOARD; AND~~

~~(2) RESPONSIBLE FOR THE DAY TO DAY OPERATION OF A RESIDENTIAL CHILD CARE PROGRAM.~~

[(e)] (F) "Certified program administrator" means, unless the context requires otherwise, an individual who is: CERTIFIED BY THE BOARD TO PRACTICE AS A PROGRAM ADMINISTRATOR.

~~(1) Certified by the Board; and~~

~~(2) Responsible for the day to day management and operation of a residential child care program.~~

(G) (1) "DIRECT CARE WORKER RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER" MEANS AN INDIVIDUAL RESPONSIBLE FOR THE DAY TO DAY OPERATION OF A RESIDENTIAL CHILD CARE PROGRAM ASSIGNED TO PERFORM DIRECT RESPONSIBILITIES RELATED TO ACTIVITIES OF DAILY LIVING, SELF-HELP, AND SOCIALIZATION SKILLS IN A RESIDENTIAL CHILD CARE PROGRAM UNDER THE DIRECTION OF A CERTIFIED PROGRAM ADMINISTRATOR.

(2) "RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER" DOES NOT INCLUDE AN INDIVIDUAL ASSIGNED TO PERFORM DIRECT RESPONSIBILITIES RELATED TO ACTIVITIES OF DAILY LIVING, SELF-HELP, AND SOCIALIZATION SKILLS IN A RESIDENTIAL CHILD CARE PROGRAM LICENSED BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION.

[(f)] (H) (1) "Residential child care program" means an entity that provides for children 24-hour per day care within a structured set of services and activities that are designed to achieve specific objectives relative to the needs of the children served and that include the provision of food, clothing, shelter, education, social services, health, mental health, recreation, or any combination of these services and activities.

(2) "Residential child care program" includes a program:

(i) Licensed by:

1. The Department of Health and Mental Hygiene;

2. The Department of Human Resources; or
3. The Department of Juvenile Services; and

(ii) That is subject to the licensing regulations of the GOVERNOR'S Office for Children[, Youth, and Families] governing the operations of residential child care programs.

**(3) "RESIDENTIAL CHILD CARE PROGRAM" DOES NOT INCLUDE A PROGRAM LICENSED BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION.**

[(g)] (I) "Program administrator" means the individual responsible for the day-to-day management and operation of a residential child care program **AND FOR ASSURING THE CARE, TREATMENT, SAFETY, AND PROTECTION OF THE CHILDREN IN THE RESIDENTIAL CHILD CARE PROGRAM.**

[(h) "Subcabinet" means the Subcabinet for Children, Youth, and Families established under Article 49D, § 4.1 of the Code.]

20-201.

There is a State Board for Certification of Residential Child Care Program ~~Administrators AND DIRECT CARE WORKERS~~ **PROFESSIONALS** in the Department.

20-202.

- (a) (1) The Board consists of [11] **12** members.
- (2) Of the [11] **12** Board members:
- (i) Six members shall be appointed as follows:
    1. Two by the Secretary of Health and Mental Hygiene, one each for the Developmental Disabilities Administration and the Mental Hygiene Administration;
    2. One by the Secretary of Juvenile Services for the agency;
    3. One by the Secretary of Human Resources for the agency;
    4. One by the State Superintendent of Schools; and



5. One by the Subcabinet; and

(ii) [Five] **SIX** shall be appointed by the Governor.

(3) Of the [five] **SIX** appointed by the Governor:

(i) Three shall be program administrators; [and]

(II) **ONE SHALL BE A ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER; AND**

[(ii)] (III) Two shall be consumer members.

(b) The Governor shall appoint members with the advice and consent of the Senate.

(c) Each Board member shall:

(1) Be a United States citizen; and

(2) Have resided in this State for at least 1 year before appointment to the Board.

(d) A consumer member of the Board:

(1) May not be a program administrator **OR A ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER**;

(2) May not have a household member who is a program administrator **OR A ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER**;

(3) May not have a household member who participates in a commercial or professional field related to administering a program; and

(4) May not have had within 2 years before appointment a substantial financial interest in a program regulated by an agency.

(e) While a member of the Board, a consumer member may not have a substantial financial interest in a program regulated by an agency.

(f) Before taking office, each appointee to the Board shall take the oath required by Article I, § 9 of the State Constitution.

(g) (1) The term of a member is 4 years.

(2) The terms of members are staggered as required by the terms provided for members of the Board on October 1, 2004.

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(4) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(5) A member may not serve more than two consecutive full terms.

(6) To the extent practicable, the Governor shall fill any vacancy on the Board within 60 days of the date of the vacancy.

(h) (1) The Governor may remove a member for incompetence, misconduct, incapacity, or neglect of duty.

(2) On the recommendation of the [Subcabinet] **CHILDREN'S CABINET**, the Governor may remove a member whom the [Subcabinet] **CHILDREN'S CABINET** finds to have been absent from two successive Board meetings without adequate reason.

20-205.

(a) In addition to the powers and duties set forth elsewhere in this title, the Board in consultation with the [Subcabinet] **CHILDREN'S CABINET** shall:

(1) Adopt regulations to carry out the provisions of this subtitle;

(2) Establish standards for the certification of applicants;

(3) Conduct a continuing study and investigation of program administrators ~~AND DIRECT CARE WORKERS~~ **RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS** to improve:

(i) Certification standards; and

(ii) Procedures for enforcing these standards; and

(4) Devise examinations and adopt investigative procedures to:

(i) Determine whether program administrators ~~AND DIRECT CARE WORKERS~~ **RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS** meet the standards adopted by the Board; and



(ii) Assure that program administrators ~~AND DIRECT CARE WORKERS~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS continue to meet these standards.

(b) In addition to the duties set forth elsewhere in this title, the Board shall:

(1) Maintain a registry of all program administrators ~~AND DIRECT CARE WORKERS~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS certified by the Board;

(2) Submit an annual report to the Governor and ~~Subcabinet~~ CHILDREN'S CABINET;

(3) Adopt a code of ethics that the Board considers appropriate and applicable to the program administrators ~~AND DIRECT CARE WORKERS~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS certified by the Board;

(4) Establish continuing education requirements for the program administrators ~~AND THE DIRECT CARE WORKERS~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS certified by the Board;

(5) Adopt an official seal; and

(6) Create committees as it deems appropriate to advise the Board on special issues.

20-301.

(a) (1) Except as otherwise provided in this [section] SUBSECTION, on or after October 1, 2007, an individual shall receive a certificate from the Board before the individual may be a program administrator in this State.

[(b) (1)] (2) (I) Except as provided in [paragraph] SUBPARAGRAPH [(2)] (II) of this [subsection] PARAGRAPH, if a program administrator leaves or is removed from a position as program administrator by death or for any other unexpected cause, the owner of a residential child care program or other appropriate program authority shall immediately designate a certified program administrator to serve in that capacity.

[(2) (i)] (II) 1. In the event a certified program administrator is not available, the owner or other appropriate program authority may appoint a noncertified person to serve in the capacity of acting program administrator for a period not to exceed 180 days.

[(ii)] 2. The owner or other appropriate program authority shall immediately notify the Board of the appointment and forward the credentials of the person appointed to the Board for evaluation to assure that the person appointed is experienced, trained, and competent.

[(iii)] 3. The 180-day period begins on the date that the program administrator leaves or is removed from the position as a program administrator.

[(iv)] 4. The Board may extend the 180-day period for a further period of not more than 30 days.

(B) ON OR BEFORE OCTOBER 1, 2013, AN INDIVIDUAL SHALL RECEIVE A CERTIFICATE FROM THE BOARD BEFORE THE INDIVIDUAL MAY BE A ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER IN THIS STATE.

20-302.

(a) To qualify for a certificate AS A PROGRAM ADMINISTRATOR, an applicant shall be an individual who meets the requirements of this section.

(b) The applicant shall be of good moral character.

(c) The applicant shall have completed a State AND NATIONAL criminal history records check.

(d) The applicant shall be at least 21 years old.

(e) ~~[The] TO BE A CERTIFIED PROGRAM ADMINISTRATOR, THE~~ applicant shall have:

(1) (i) A bachelor's degree from an accredited college or university;  
and

(ii) At least 4 years experience in the human service field with at least 3 years in a supervisory or administrative capacity; or

(2) (i) A master's degree from an accredited college or university;  
and

(ii) At least 2 years experience in the human service field with at least 1 year in a supervisory or administrative capacity.

(f) ~~TO BE A CERTIFIED DIRECT CARE WORKER, THE APPLICANT SHALL HAVE:~~

~~(1) A BOARD-APPROVED EDUCATIONAL DEGREE; OR~~

~~(2) A CHILD AND YOUTH CARE PRACTITIONER CERTIFICATE FROM AN ACCREDITED INSTITUTION APPROVED BY THE BOARD.~~

(G) Except as otherwise provided in this title, the applicant shall pass an examination given by the Board under this subtitle.

20-302.1.

(A) TO QUALIFY FOR A CERTIFICATE AS A RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER, AN APPLICANT SHALL BE AN INDIVIDUAL WHO MEETS THE REQUIREMENTS OF THIS SECTION.

(B) THE APPLICANT SHALL BE OF GOOD MORAL CHARACTER.

(C) THE APPLICANT SHALL HAVE COMPLETED A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(D) THE APPLICANT SHALL BE:

(1) AT LEAST 21 YEARS OLD; OR

(2) AT LEAST 18 YEARS OLD AND HAVE EARNED AT LEAST AN ASSOCIATE'S OR BACHELOR'S DEGREE FROM AN ACCREDITED COLLEGE OR UNIVERSITY.

(E) THE APPLICANT SHALL HAVE:

(1) A HIGH SCHOOL DIPLOMA OR EQUIVALENT AND HAVE SUCCESSFULLY COMPLETED AN APPROVED TRAINING PROGRAM;

(2) AT LEAST 2 YEARS EXPERIENCE IN THE HUMAN SERVICE FIELD AND SPONSORSHIP FROM A CERTIFIED PROGRAM ADMINISTRATOR; OR

(3) AN ASSOCIATE'S OR BACHELOR'S DEGREE FROM AN ACCREDITED COLLEGE OR UNIVERSITY.

(F) THE APPLICANT SHALL PASS AN EXAMINATION GIVEN BY THE BOARD UNDER THIS SUBTITLE.

20-303.

(a) To apply for a certificate, an applicant shall:

(1) Submit an application to the Board on the form that the Board requires;

(2) Pay to the Board the application fee set by the Board; and

(3) Provide fingerprints for use by the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services to conduct a State AND NATIONAL criminal history records check.

(b) (1) An applicant required to provide fingerprints under subsection (a)(3) of this section shall pay any processing or other fees required by the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services.

(2) The results of the criminal history records check shall be provided to the Board and the applicant.

20-304.

(a) The Board shall keep a file of each certificate application made under this subtitle.

(b) The file shall contain:

(1) The name, address, and age of the applicant;

(2) The date of the application;

(3) Complete and current information on the educational, training, and experience qualifications of the applicant;

(4) The date the Board reviewed and acted on the application;

(5) The action taken by the Board on the application;

(6) The identifying numbers of any certificate or renewal certificate issued to the applicant; and

(7) Any other information that the Board considers necessary.

(c) The application files shall be open to public inspection.

20-305.

(a) An applicant who otherwise qualifies for a certificate is entitled to be examined as provided in this section.

(b) The Board shall give examinations to applicants at least four times a year, at the times and places that the Board determines.

(c) The Board shall notify each qualified applicant of the time and place of examination.

(d) (1) Subject to the provisions of this subsection, **FOR QUALIFIED CERTIFIED PROGRAM ADMINISTRATOR APPLICANTS**, the Board shall determine the subjects, scope, form, and passing score for examinations given under this subtitle.

(2) The subjects of examination shall be related to:

(i) Health and safety issues, including:

1. Nutritional standards;
2. Water safety;
3. Preventative and acute health care standards;
4. Suicide assessment;
5. Prevention of abuse and neglect; and
6. Crisis intervention and problem solving;

(ii) The importance of staff training in appropriate observation techniques, including educational and psychological tests and social histories;

(iii) Rights of the child, including:

1. Educational and recreational needs; and
2. Establishment of and compliance with appropriate grievance procedures;

(iv) Physical plant requirements;

(v) Criminal history records checks of personnel;

(vi) Fiscal accountability;

(vii) Record keeping that complies with federal requirements and State regulations;

(viii) Emergency planning; and

(ix) Other standards established in the regulations.

(3) Each applicant shall be required to show knowledge of the laws, rules, and regulations that apply to programs.

(4) The scope, content, and form of an examination shall be the same for all certificate applicants who take the examination at the same time.

(e) **FOR QUALIFIED CERTIFIED ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER APPLICANTS, THE BOARD SHALL DETERMINE THE SUBJECTS, SCOPE, FORM, AND PASSING SCORE FOR EXAMINATIONS GIVEN UNDER THIS SUBTITLE.**

(F) (1) The Board may limit the number of times an applicant may take an examination required under this subtitle.

(2) To qualify for a certificate, an applicant shall pass the examination within 3 years of the first time the applicant takes the examination.

20-306.

(a) Subject to the provisions of this section, the Board may waive any examination requirement of this title for an individual who is certified as a program administrator ~~OR DIRECT CARE WORKER~~ in any other state that the Board determines has a comparable certification process to the one established in this title.

(b) The Board may grant a waiver under this section only if the applicant:

(1) Is of good moral character;

(2) Pays the application fee required by the Board under § 20-303 of this subtitle; and

(3) Provides adequate evidence that:

(i) At the time the applicant was certified in the other state, the applicant was qualified to take the examination that then was required by the laws of this State;



(ii) The applicant qualified for a certificate in the other state by passing an examination given in that or any other state; and

(iii) The applicant has completed a State criminal history records check.

(c) ~~(1)~~ The Board shall waive the requirements for certification as a certified program administrator under § 20-302 of this subtitle for any person who:

~~[(1)]~~ ~~(I)~~ Has filed a letter of intent with the Board by October 1, 2007;

~~[(2)]~~ ~~(II)~~ Has completed not less than 8 years' experience in the human service field with at least 4 years in a supervisory or administrative capacity; and

~~[(3)]~~ ~~(III)~~ Has by October 1, 2007, successfully passed an examination approved by the Board.

~~(2) THE BOARD SHALL WAIVE THE REQUIREMENTS FOR CERTIFICATION AS A CERTIFIED DIRECT CARE WORKER UNDER § 20-302 OF THIS SUBTITLE FOR ANY PERSON WHO:~~

~~(I) HAS FILED A LETTER OF INTENT WITH THE BOARD BY OCTOBER 1, 2013;~~

~~(II) HAS COMPLETED A BOARD APPROVED TRAINING PROGRAM THAT INCLUDES CORE COMPETENCIES OR HOLDS A BOARD APPROVED DEGREE IN A HUMAN SERVICES FIELD; AND~~

~~(III) HAS BY OCTOBER 1, 2013, SUCCESSFULLY PASSED AN EXAMINATION APPROVED BY THE BOARD.~~

20-307.

(a) The Board shall issue a certificate to any applicant who meets the requirements of this title.

(b) The Board shall include on each certificate that the Board issues:

(1) The full name of the certificate holder;

(2) A serial number; and

(3) The seal of the Board.



(c) The Board may issue a certificate to replace a lost, destroyed, or mutilated certificate if the certificate holder pays the certificate replacement fee set by the Board.

20-308.

The applicant may appeal a decision of the Board that relates to issuing or renewing a certificate to the Board of Review as provided in § 20-315(a) of this subtitle.

20-309.

A certificate authorizes:

(1) [the] AN individual WHO IS A PROGRAM ADMINISTRATOR to administer a RESIDENTIAL CHILD CARE program while the certificate is effective; OR

(2) AN INDIVIDUAL WHO IS A ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER TO OPERATE A PERFORM DIRECT RESPONSIBILITIES RELATED TO ACTIVITIES OF DAILY LIVING, SELF-HELP, AND SOCIALIZATION SKILLS IN A RESIDENTIAL CHILD CARE PROGRAM WHILE THE CERTIFICATE IS EFFECTIVE.

20-310.

(a) (1) A certificate expires on a date set by the Board, unless the certificate is renewed for an additional term as provided in this section.

(2) A certificate may not be renewed for a term longer than 2 years.

(b) At least 1 month before the certificate expires, the Board shall send to the certified program administrator OR CERTIFIED ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER, by first-class mail to the last known address of the certified program administrator OR CERTIFIED ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER, a renewal notice that states:

(1) The date on which the current certificate expires;

(2) The date by which the renewal application must be received by the Board for the renewal to be issued and mailed before the certificate expires; and

(3) The amount of the renewal fee.

(c) Before the certificate expires, the certified program administrator **OR CERTIFIED ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER** periodically may renew it for an additional 2-year term, if the certified program administrator **OR CERTIFIED ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER**:

- (1) Otherwise is entitled to obtain a certificate;
- (2) Pays to the Board a renewal fee set by the Board; and
- (3) Submits to the Board:
  - (i) A renewal application on the form that the Board requires;

and

- (ii) Satisfactory evidence of compliance with any continuing education and other qualifications and requirements set under this section for certificate renewal.

(d) In addition to any other qualifications and requirements established in consultation with the [Subcabinet] **CHILDREN'S CABINET**, the Board may set continuing education requirements as a condition for the renewal of certificates under this section.

(e) The Board shall renew the certificate of each certified program administrator **OR CERTIFIED ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER** who meets the requirements of this section.

20-311.

(a) The Board shall reinstate the certificate of a program administrator **OR ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER** who has failed to renew the certificate for any reason, if the individual:

- (1) Has not had the certificate suspended or revoked;
- (2) Meets the renewal requirements of § 20-310 of this subtitle;
- (3) Pays to the Board the reinstatement fee set by the Board;

- (4) Submits to the Board satisfactory evidence of compliance with the qualifications and requirements established under this title for certificate reinstatements; and

- (5) Applies to the Board for reinstatement of the certificate within 5 years after the certificate expires.

(b) (1) The Board may not reinstate the certificate of a program administrator ~~OR DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER who fails to apply for reinstatement of the certificate within 5 years after the certificate expires.

(2) However, the program administrator ~~OR DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER may be certified by meeting the current requirements for obtaining a new certificate under this title.

20-312.

(a) Unless the Board agrees to accept the surrender of a certificate, a certified program administrator ~~OR CERTIFIED DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER may not surrender the certificate nor may the certificate lapse by operation of law while the certified program administrator ~~OR CERTIFIED DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER is under investigation or while charges are pending against the certified program administrator ~~OR CERTIFIED DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER.

(b) The Board may set conditions on its agreement with the certified program administrator ~~OR CERTIFIED DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER under investigation or against whom charges are pending to accept surrender of the certified program administrator's certificate ~~OR THE CERTIFIED DIRECT CARE WORKER'S~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER'S CERTIFICATE.

20-313.

(a) The Board shall investigate and take appropriate action as to any complaint filed with the Board that alleges that a certified program administrator ~~OR CERTIFIED DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER has failed to meet any standard of the Board.

(b) Subject to the hearing provisions of § 20-314 of this subtitle, the Board may deny a certificate to any applicant, reprimand any certified program administrator ~~OR CERTIFIED DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER, place any certified program administrator ~~OR CERTIFIED DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER on probation, or suspend or revoke a certificate if the applicant [or], certified program administrator, ~~OR CERTIFIED DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER:

(1) Fraudulently or deceptively obtains or attempts to obtain a certificate for a program administrator ~~OR DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER, or for another;

(2) Fraudulently or deceptively uses a certificate;

(3) Otherwise fails to meet substantially the standards for certification adopted by the Board under § 20–205 of this title;

(4) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;

(5) Performs the duties of a program administrator ~~OR DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER while:

(i) Under the influence of alcohol; or

(ii) Using any narcotic or controlled dangerous substance, as defined in § 5–101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication;

(6) Is disciplined by a licensing or disciplinary authority of any other state or country or convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under the Board's disciplinary statutes;

(7) Performs the duties of a program administrator ~~OR DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER with an unauthorized person or supervises or aids an unauthorized person in performing the duties of a program administrator ~~OR DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER;

(8) Willfully makes or files a false report or record while performing the duties of a program administrator ~~OR DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER;

(9) Willfully fails to file or record any report as required under law, willfully impedes or obstructs the filing or recording of the report, or induces another to fail to file or record the report;

(10) Commits an act of unprofessional conduct in performing the duties of a program administrator ~~OR DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER; or

(11) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the individual is certified and qualified to render because the individual is HIV positive.

20-401.

Except as otherwise provided in this title, an individual may not:

(1) Perform the duties of, attempt to perform the duties of, or offer to perform the duties of a program administrator **OR ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER** in this State unless certified by the Board; or

(2) Supervise, direct, induce, or aid an uncertified individual to perform the duties of a program administrator **OR ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER**.

20-402.

(a) Unless authorized to perform the duties of a program administrator **OR ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER** under this title, a person may not represent to the public by title, by description of services, methods, or procedures, or otherwise, that the person is a program administrator **OR ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER** in this State.

(b) Unless authorized to practice under this title, a person may not use the title "residential child care program administrator", "**~~RESIDENTIAL CHILD CARE DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER**", or any other designation, title, or abbreviation with the intent to represent that the person is authorized to perform the duties of a program administrator **OR ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER**.

20-403.

A person may not:

(1) Sell or fraudulently obtain or furnish or aid in selling or fraudulently obtaining or furnishing a certificate issued under this title; or

(2) Perform the duties of a program administrator **OR ~~DIRECT CARE WORKER~~ RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONER** under any certificate unlawfully or fraudulently obtained or issued.

20-501.



This title may be cited as the “Maryland Certification of ~~Program Administrators AND DIRECT CARE WORKERS~~ for Residential Child Care ~~Programs~~ PROGRAM PROFESSIONALS Act”.

20-502.

Subject to the evaluation and reestablishment provisions of the Program Evaluation Act, this title and all regulations adopted under this title shall terminate and be of no effect after July 1, 2014.

#### Article – Human Services

8-701.

(c) “Certified program administrator” means an individual who is:

(1) certified by the State Board for Certification of Residential Child Care Program ~~Administrators AND DIRECT CARE WORKERS~~ PROFESSIONALS under Title 20 of the Health Occupations Article; and

(2) responsible for the day-to-day management and operation of a residential child care program AND FOR ASSURING THE CARE, TREATMENT, SAFETY, AND PROTECTION OF THE CHILDREN IN THE RESIDENTIAL CHILD CARE PROGRAM.

#### Article – State Government

8-403.

(b) Except as otherwise provided in subsection (a) of this section, on or before the evaluation date for the following governmental activities or units, an evaluation shall be made of the following governmental activities or units and the statutes and regulations that relate to the governmental activities or units:

(61) Residential Child Care Program ~~Administrators AND DIRECT CARE WORKERS~~ PROFESSIONALS, State Board for Certification of (§ 20-202 of the Health Occupations Article: July 1, 2013);

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2008.

Approved by the Governor, April 24, 2008.

# **Bill of Rights**



## *A Bill of Rights for Maryland's Children and Youth in Children's Residential Facilities*

|   |   |
|---|---|
| <b>The RIGHT to<br/>be Respected<br/>and Treated<br/>Fairly</b>                 | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To be treated with fairness, dignity and respect, and</li> <li>• Not to be discriminated against because of disability, race, color, religion, national origin, sex, age, whether they or their parents are married, personal appearance, sexual orientation, gender identity or expression or if they are pregnant or have a child.</li> </ul>                            |
| <b>The RIGHT to<br/>Guidance Care<br/>and<br/>Supervision</b>                   | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To receive appropriate and reasonable adult guidance, support, and supervision, consistent with the child's or youth's age, level of development, maturity and ability to be responsible; and</li> <li>• To ask questions and receive explanations about the guidance, support and supervision they receive.</li> </ul>  |
| <b>The RIGHT to<br/>Education</b>   | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To an appropriate education, including educational supports, help with homework, afterschool activities, summer enrichment opportunities, and employment skills training; and</li> <li>• To receive their education in the least restrictive setting based on their individual best interest.</li> </ul>   |
| <b>The RIGHT to<br/>Be Protected</b>  | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• Not to be verbally abused, mistreated, threatened, or harassed; and</li> <li>• Not to be hit, slapped, or otherwise physically abused or subjected to physical punishment or to other unusual or extreme methods of discipline.</li> </ul>   |
| <b>The RIGHT to<br/>Be Heard</b>  | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To have their opinions heard and to be included, as much as possible and consistent with the child or youth's age and level of development, when decisions which affect them are made, including decisions about long term goals, placement, and educational settings; and</li> <li>• Not to be punished or disciplined for exercising their right to be heard.</li> </ul> |
| <b>The RIGHT to<br/>Communicate<br/>in Their Native<br/>Language</b>            | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To receive services in a language they understand and to receive translation and interpretation services when needed; and</li> <li>• To speak in their mother tongue or home language.</li> </ul>  |
| <b>The RIGHT to<br/>Visit and<br/>Correspond<br/>with Family<br/>and Others</b> | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To reasonable visits, mail, and telephone communication with relatives, friends, attorneys, social workers, therapists, CASA's and guardians ad litem; and</li> <li>• Not to have limitations imposed on Court ordered visitation.</li> </ul>  |
| <b>The RIGHT to<br/>Health Care</b>   | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To timely, appropriate and regular medical, dental, vision and mental health care including the right to receive appropriate medication.</li> </ul>  |
| <b>The RIGHT to<br/>Receive<br/>Information</b>                                 | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To have their relatives (and any other person who has been approved by the placement agency) communicate with the program, ask questions and receive answers promptly.</li> </ul>  |
| <b>If Your<br/>RIGHTS Are<br/>Not<br/>Respected</b>                             | <p>If you believe that your rights or your child's rights are being violated, you can tell the caseworker, therapist, CASA, attorney, and/or any Juvenile Court Judge or Master involved with the child's case.</p>   |



Martin O'Malley  
Governor

Anthony Brown  
Lt. Governor

Brenda Donald  
Secretary

November 5, 2008

Dear Program Administrator,

Effective October 1, 2008, in compliance with Md. Annotated Code, Human Services Article § 8-707, Senate Bill 742 (2008), Chapter 207, Residential Child Care Facilities licensed under COMAR 14.31.06 are now required to conspicuously post a "Residents' Bill of Rights" including all of the rights enumerated in the attached "Bill of Rights for Maryland's Children and Youth in Children's Residential Facilities." Compliance with the law requires licensed providers to develop, and upon the placement of children, provide them and their parents or legal guardians with a handbook of the policies of the residential child care program. Licensed providers must also provide the handbook to the licensing agency and any public agency with which they contract. Further, providers must document in each child's case file, receipt and review of the handbook by the child and the child's parent or guardian. The handbook must be reviewed and approved by the governing board of the licensed agency on an annual basis.

In order to clarify the legal conditions of the legislation, SB 742 (2008), Chapter 207, a detailed explanation of the minimum requirements for the manual, and a letter sized Bill of Rights are included in this packet of information. The Office of Licensing and Monitoring will send a poster-sized version of the Bill of Rights to each provider shortly.

The Office of Licensing and Monitoring is providing this information to all Residential Child Care Facilities monitored by this office under COMAR 14.31.06. It is understood that compliance with the requirements of this legislation became effective October 1, 2008, however, it is also understood that compliance requires effort and development of a handbook, etc. Therefore, it is the expectation of this office that providers will be in compliance with all the requirements of Md. Annotated Code, Human Services Article § 8-707, and SB 742 (2008), Chapter 207, no later than March 6, 2009. Should you have any questions feel free to contact your licensing coordinator.

Sincerely,

A handwritten signature in dark ink, appearing to read "Carmen A. Brown".

Carmen Amyot Brown, LCSW-C  
Executive Director  
Office of Licensing and Monitoring

## CHAPTER 207

(Senate Bill 742)

AN ACT concerning

### Human Services – Residential Child Care Program – Bill of Rights

FOR the purpose of providing that a contract awarded or renewed between a certain agency and a provider of a residential child care program shall require the provider to conspicuously post a “Residents’ Bill of Rights” in the facility of the provider that includes certain rights; requiring a provider of a residential child care program to develop and, on placement, provide to residents and their parents or legal guardians a handbook of the policies of the provider and the contracting agency as they relate to certain issues; requiring certain documentation regarding receipt and review of the handbook by certain persons; providing that nothing in this Act precludes an agency or provider from providing additional rights to a resident; altering a certain definition; and generally relating to residential child care programs.

BY repealing and reenacting, ~~without~~ with amendments,  
Article – Human Services  
Section 8-701  
Annotated Code of Maryland  
(2007 Volume)

BY adding to  
Article – Human Services  
Section 8-707  
Annotated Code of Maryland  
(2007 Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

#### Article – Human Services

8-701.

- (a) In this part the following words have the meanings indicated.
- (b) “Agency” means:
  - (1) the Department of Health and Mental Hygiene;

(2) the Department of Human Resources; or

(3) the Department of Juvenile Services.

(c) "Certified program administrator" means an individual who is:

(1) certified by the State Board for Certification of Residential Child Care Program Administrators under Title 20 of the Health Occupations Article; and

(2) responsible for the day-to-day management and operation of a residential child care program.

(d) "Plan" means the State Resource Plan for Residential Child Care Programs.

(e) "Provider" means a for profit or not for profit entity licensed by an agency to operate a residential child care program.

(f) ~~"Residential"~~ **EXCEPT AS PROVIDED IN § 8-707 OF THIS SUBTITLE,** "RESIDENTIAL child care program" does not include sites licensed by the Developmental Disabilities Administration.

**8-707.**

**(A) IN THIS SECTION, "RESIDENTIAL CHILD CARE PROGRAM" INCLUDES SITES LICENSED BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION.**

**(A) (B) A CONTRACT AWARDED OR RENEWED BETWEEN AN AGENCY AND A PROVIDER SHALL REQUIRE THE PROVIDER TO:**

**(1) POST CONSPICUOUSLY A "RESIDENTS' BILL OF RIGHTS" IN THE FACILITY OF THE PROVIDER STATING THAT A RESIDENT HAS A RIGHT:**

**(I) TO BE TREATED WITH FAIRNESS, DIGNITY, AND RESPECT;**

**(II) TO RECEIVE APPROPRIATE AND REASONABLE ADULT GUIDANCE, SUPPORT, AND SUPERVISION, CONSISTENT WITH THE RESIDENT'S AGE AND LEVEL OF DEVELOPMENT;**

**(III) NOT TO BE ABUSED, MISTREATED, THREATENED, HARASSED, OR SUBJECTED TO CORPORAL PUNISHMENT OR TO OTHER UNUSUAL OR EXTREME METHODS OF DISCIPLINE;**

(IV) TO HAVE THE RESIDENT'S OPINION HEARD AND TO BE INCLUDED, TO THE GREATEST EXTENT POSSIBLE AND CONSISTENT WITH THE RESIDENT'S AGE AND LEVEL OF DEVELOPMENT, WHEN MAJOR DECISIONS, INCLUDING REGULAR CASE PLANNING MEETINGS, ARE BEING MADE AFFECTING THE RESIDENT'S LIFE;

(V) TO REASONABLE AND CLINICALLY APPROPRIATE VISITATION, MAIL, AND TELEPHONE COMMUNICATION WITH RELATIVES, FRIENDS, ATTORNEYS, SOCIAL WORKERS, THERAPISTS, AND GUARDIANS AD LITEM;

(VI) TO HAVE THE RESIDENT'S RELATIVES AND DESIGNATED REPRESENTATIVES, WHO ARE AUTHORIZED IN WRITING BY THE CONTRACTING AGENCY, TO COMMUNICATE WITH THE FACILITY OF THE PROVIDER, ASK QUESTIONS OF THE FACILITY OF THE PROVIDER, AND HAVE QUESTIONS ANSWERED PROMPTLY BY THE FACILITY OF THE PROVIDER;

(VII) TO LANGUAGE TRANSLATION AND INTERPRETATION SERVICES, IF NECESSARY;

(VIII) NOT TO BE DISCRIMINATED AGAINST ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS; AND

(IX) TO AN APPROPRIATE EDUCATION, INCLUDING EDUCATIONAL SUPPORTS SUCH AS HOMEWORK ASSISTANCE, SUMMER ENRICHMENT OPPORTUNITIES, AND EMPLOYMENT SKILLS TRAINING; ~~AND~~

(2) DEVELOP AND, ON PLACEMENT, PROVIDE TO RESIDENTS AND THEIR PARENTS OR LEGAL GUARDIANS A HANDBOOK OF THE POLICIES OF THE PROVIDER AND THE CONTRACTING AGENCY AS THEY RELATE TO:

- (I) THE MISSION OF THE PROGRAM;
- (II) PLACEMENT AND DISCHARGE;
- (III) DAILY ROUTINES;
- (IV) TREATMENT STRATEGIES;
- (V) DISCIPLINARY PRACTICES;



- (VI) VISITING HOURS;
- (VII) COMMUNICATION PROCEDURES WITH RESIDENTS;
- (VIII) GRIEVANCE PROCEDURES;
- (IX) HEALTH CARE ACCESS;
- (X) RELIGIOUS EXERCISE ACCESS;
- (XI) EMERGENCY TELEPHONE CONTACT INFORMATION;
- (XII) FAMILY INVOLVEMENT;
- (XIII) ATTORNEY ACCESS;
- (XIV) COMMUNITY INTEGRATION;
- (XV) EDUCATION;
- (XVI) MEDICAL AND DENTAL CARE;
- (XVII) RECREATION;
- (XVIII) LIFE SKILLS TRAINING;
- (XIX) CLOTHING;
- (XX) PERSONAL FUNDS;
- (XXI) FOOD AND NUTRITION;
- (XXII) DAY CARE;
- (XXIII) PERSONAL BELONGINGS;
- (XXIV) EXTRACURRICULAR ACTIVITIES; AND
- (XXV) THERAPY; AND

(3) DOCUMENT IN EACH CHILD'S CASE FILE RECEIPT AND REVIEW BY THE CHILD AND THE PARENT OR GUARDIAN OF THE CHILD OF THE HANDBOOK REQUIRED TO BE PROVIDED UNDER ITEM (2) OF THIS SUBSECTION.

~~(B)~~ (C)      NOTHING IN THIS SECTION PRECLUDES A CONTRACTING  
AGENCY OR PROVIDER FROM PROVIDING ADDITIONAL RIGHTS TO A RESIDENT.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
October 1, 2008.

Approved by the Governor, April 24, 2008.



## Bill of Rights for Maryland's Children and Youth in Children's Residential Facilities Requirements and Instructions for Residential Child Care Providers

Effective October 1, 2008, in compliance with Article – Human Services Section 8–707, Annotated Code of Maryland, (Senate Bill 742, 2008), Residential Children's Facilities licensed under COMAR 14.31.06 (licensed providers) are required to conspicuously post a "Residents' Bill of Rights" including all of the rights enumerated in the attached "Bill of Rights for Maryland's Children and Youth in Children's Residential Facilities." Compliance with the law requires licensed providers to develop, and upon the placement of children, provide them and their parents or legal guardians with a handbook of the policies of the residential child care program. Licensed providers must also provide the Handbook to their licensing agency and any public agency with which they contract. Further, providers must document in each child's case file, receipt and review of the handbook by the child and the child's parent or guardian. The Handbook must be reviewed and approved by the licensed providers governing board annually.

The Handbook cannot be used as a vehicle for limiting the rights of children and youth as enumerated in the Bill of Rights. It should however, provide information which may be needed to clarify the licensed providers policies and practices regarding those rights. For example, any limitations on visitation that may be imposed the public placement agency or the Juvenile Court. Providers are encouraged to include children who are served by their programs and those children's parents in the development of the required Handbook. In addition to ensuring that every child and her/his parent or guardian receives the Handbook, they must also ensure that the child and parent or guardian have adequate opportunities to ask questions and receive answers about policies and practices included in the Handbook.

The Handbook must address:

- The mission of the program;
- Placement and discharge policies and practices;
- Treatment strategies and therapies;
- Family involvement;
- Access to medical and dental care;
- Education, including how educational placements are determined and both opportunities and limitations on participation in extracurricular activities;
- Life skills training;
- Extracurricular activities;
- Recreation;
- Community integration;
- Religious exercise access including the extent to which children are able to attend a place of worship of their choice or to refuse to attend;
- Daily routines;
- Food and nutrition;
- Clothing and personal belongings, including how belongings are protected and accounted for;
- Personal funds;

- Visiting hours;
- communication procedures with residents;
- Emergency telephone contact information, including procedures for contacting family members and the residential programs administration and staff;
- Access to the child's caseworker, attorney and Court Appointed Special Advocate (CASA);
- disciplinary practices;
- Behavior management practices including the use of physical interventions;
- grievance procedures, including options available to a child or youth when they believe that the grievance procedure has not been followed;
- Day-care;
- Transportation; and
- Employment, including how a youth's earnings will be handled.

# **Interim Report of the Task Force**

BOBBY A. ZIRKIN  
Legislative District 11  
Baltimore County

Education, Health, and Environmental  
Affairs Committee

Environment Subcommittee  
Ethics and Election Law Subcommittee

Special Committee on Renewables and  
Clean Energy

Special Committee on Substance  
Abuse

Joint Committee on Children, Youth,  
and Families

Joint Subcommittee on Open Space /  
Agricultural Land Preservation



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Miller Senate Office Building  
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Annapolis, Maryland 21401  
410-841-3131 • 301-858-3131  
Fax 410-841-3737  
Bobby.Zirkin@senate.state.md.us

## *The Senate of Maryland*

ANNAPOLIS, MARYLAND 21401

December 20, 2007

The Honorable Martin O'Malley  
Governor  
State House, 2<sup>nd</sup> Floor  
Annapolis, MD 21401

The Honorable Thomas V. Mike Miller, Jr.  
President of Senate  
State House, H-107  
Annapolis, MD 21401 - 1991

The Honorable Michael E. Busch  
Speaker of House of Delegates  
State House, H-101  
Annapolis, MD 21401 - 1991

**Re: SB476/Ch. 333, 2007 (MSAR # 6585)**

Dear Governor O'Malley, Senator Miller and Delegate Busch:

I am writing to provide a status report on the progress of the Task Force to Study Group Home Education and Placement Practices as required in Senate Bill 476 from the 2007 legislative session.

All of the required representatives have been appointed and the Task Force has been meeting monthly to study the issues required in the legislation. The Task Force has reviewed legislation relating to group homes from the last eight years to get a historical perspective of issues. The Task Force has also looked at a considerable amount of information on a broad range of group home issues such as the number of group homes in the state and their locations, the licensing and contracting processes, placement issues and access to appropriate education. To date, the Task Force has had presentations by each of the licensing agencies, the Governor's Office for Children, the Legal Aid Bureau and the Maryland Health Care Commission.


Four workgroups have been formed to study the following specific issues:

1. Determine whether the definitions of various service categories under the umbrella of "residential child care programs" are too broad and accurately reflect services provided.
2. Alternative procurement methods that may allow the state to better control the growth of group care facilities based on need.
3. The impact that educational factors have on placement decisions and outcomes for youth, as well as the impact group homes have on local school systems.
4. What the state expects group homes to deliver in regards to the needs of youth placed in them.

The Task Force will continue to meet to study these complex issues with a goal of making recommendations for reform measures that will create a "right sized" system that is responsive to the needs of the state and is better equipped to deliver services that will result in improved outcomes for youth in out of home placement.

At this time, it is the intention of the Task Force to conclude its work in time to submit the final report that will meet the legislation's requirements by December 1, 2008.

Sincerely,



Bobby A. Zirkin

Senator, District 11 Baltimore County

Chair, Task Force to Study Group Home Education and Placement Practices

Cc: David Treasure, Department of Budget and Management  
Clarke Williams, Department of Budget and Management  
Steve McCulloch, Department of Legislative Services  
Cathy Kramer, Department of Legislative Services  
Sarah Albert, Department of Legislative Services

# **Meetings of the Task Force**

## **Task Force To Study Group Home Education And Placement Practices**

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### **September 17, 2007 Meeting**

- Agenda
- Minutes
- Group Home Licensing Flow Chart
  - Current
  - Proposed
- DJS Presentaion
- DHR Presentation
- DHR Licensed Programs
- History of Enacted Group Home Legislation



**TASK FORCE TO STUDY GROUP HOME  
EDUCATION AND PLACEMENT PRACTICES**

**AGENDA**  
**September 17, 2007**  
**1:30-3:30 pm**

|                    |                      |  |  |
|--------------------|----------------------|--|--|
| <b>1:30 - 1:40</b> |                      | <b>Welcome and Introductions</b>   | <b>Sen. Zirkin</b>   |
| <b>1:40 - 1:55</b> | <b>Presentation</b>  | <b>Review of Senate Bill 476</b>   | <b>Sen. Zirkin</b>   |
| <b>1:55 – 2:35</b> | <b>Presentations</b> | <b>Presentation of Data</b>  | <b>Sec. Donald</b><br><b>Sec. DeVore</b><br><b>Al Zachik</b><br><b>Shelley Tinney</b><br><br><b>Jim McComb</b>   |
| <b>2:35 – 3:20</b> | <b>Presentations</b> | <b>Updates on Current Initiatives</b>  | <b>Sec. Donald</b><br><br><b>Sec. DeVore</b><br><br><b>Marlena Valdez</b><br><br><b>Steve Sorin</b><br><br><b>Eleanor Kopchik</b><br><br><b>Jodi King</b><br><br><b>Shelley Tinney</b> |
| <b>3:20-3:30</b>   | <b>Discussion</b>    | <b>Develop Meeting Schedule</b><br><br><b>3<sup>rd</sup> Monday of each month, 10/15 1:30</b><br><b>Annapolis Senate conference rooms.</b> | <b>All</b>   |

## **TASK FORCE TO STUDY GROUP HOME EDUCATION AND PLACEMENT PRACTICES**

**Meeting Notes  
September 17, 2007**

### **ATTENDEES**

#### **Task Force Members:**

Donald DeVore

Brenda Donald

Paula Fisher

Kathleen Gardiner

Cheri Gerard

Tim Griffith

Frank Kros

Stephen Lafferty

Karyn Lynch

Jim McComb

Cassie Motz

Steven Sorin

Shelley Tinney

Robert Zirkin

#### **Guests:**

Al Zachik, DHMH/MHA

Stacey Rodgers, DHR

Beth Blauer, DJS

Jodi King, MSDE

Eleanor Kopchick, MSDE

John Irvine, DJS

Kwani Yiu Leung, DJS

Ertha Sterling, DHR

Marlana Valdez, OAG/OIJJM

Steve McCulloch, MLIS

Mattie Hutton, Governor's Office

Sheila Duncan

Mark Grover, Md Sheriff's Youth Ranch

Maryanne Joynes, Adventist Healthcare

Greg Garland, Baltimore Sun

Muriel Hesler, Montgomery Co. government

Anne Davis, Florence Crittendon Services

Angelina Sills, Florence Crittendon Services

Barb Super, Sheppard Pratt

Lauren Greenwald, The Woodbourne Center

Chanel Newsome, Win Family Services

Mark Luckner, Governor's Office

Vicki Almond, Sen. Zirkin's office

### **1. Welcome and Introductions**

**Sen. Zirkin** opened the meeting and introductions of the task force members were made.'

**Sen. Zirkin** made brief introductory remarks citing Senate Bill 476 (2007) as the framework for the group. However, stated that he believes the task force should look at a broad range of issues regarding children in out of home placements in addition to those outlined in the legislation. He references previous failed legislation to prohibit comingling of youth in group homes and cited a lack of specificity and data on the issue. Sen. Zirkin would also like to the group to consider a Missouri model that has private schools for all DJS youth.

**Del. Lafferty** also made brief introductory remarks and echoed the Sen. Zirkin's suggestion to have the task force study a broad range of issues regarding group homes.

## **2. Presentation of Data**

**DHR Sec. Donald** presented some placement and licensing data. Handouts provided context with data; the spreadsheet shows that some youth are in places where there are no contracts. It also shows jurisdictions that have few or no resources. DHR is interested in designing a system that responds to the need of various state agencies designing a system. She understands, however, that the various agencies have different needs.

**DJS Sec. DeVore** also presented licensing and placement data. DJS placement and licensing data. DJS believes a major problem is that the definition of group homes is too broad; more specific definitions are needed. The state also needs to better define needs of youth in group home placements. Sec DeVore did acknowledge the difference between DHR, where group homes are one of the most restrictive placements and DJS, where group homes are one of the least restrictive. However, he noted that many youth are known to both systems. He would like to design a better evaluation process for providers, referrals, rejections, outcomes to eliminate rejections and inappropriate placements that result in disruptive placements. Sec. DeVore stated that DJS has begun a strategic planning process in an attempt to address some of these issues.

**Sen. Zirkin** asked about outcomes, specifically recidivism. DJS has that data for their youth and DHR has child specific info but no aggregate data.

**DHMH Dr. Zachik** presented a one day census in therapeutic group homes licensed by DHMH. He noted that those homes serve youth from both DHR and DJS with serious emotional disturbance.

**GOC Shelley Tinney** distributed a flow chart showing the group home licensing process, as well as proposed changes to the Single Point of Entry process currently under consideration. She also indicated that the new state resource plan that more comprehensive than last year is nearly finished.

**Sec. Donald** stated that the revision of the licensing process should be an opportunity to revise the system to meet the needs of the state, however, the proposed changes don't go far enough. She would rather do solicitations for the kinds of homes the state needs. There is more than enough capacity but needs not being met. For this reason, she no longer allows locals to do needs assessments for potential providers; that information must come from DHR

**Sec. DeVore** agreed that the process is too simplistic. He suggested a time limited moratorium on group home licenses.

**GOC Cassie Motz** indicated this would have to be discussed by the Children's Cabinet and the State's Attorneys.

**Jim McComb** presented a handout of successful group home legislation over the last eight years. He suggested someone look at actual bills to determine what bills address issues important to the task force. Cassie Motz volunteered. Jim indicated that the intent

of 711 was to get agencies to start to look at need – to develop resource plan. He also stated that the report on HB959 (2002) regarding the links between child welfare and juvenile justice would be especially useful.

### **3. Current Initiatives**

**DHR Sec. Donald** discussed her Place Matters initiative and provided handouts on that and report cards.

**DJS Sec. DeVore** discussed the work on the Strategic Plan, building “front end” capacity and working with local jurisdictions to take more difficult kids. Maryland Compact gave a \$400K grant to Baltimore Co LMB for evidence based practices MST, FFT, MDFT. DJS has agreed to split savings in the second year to continue.

**OIJJM Marlana Valdez** discussed the monitoring of DJS facilities. That office currently monitors 20 state run and private programs on state property and SB 360 requires them to monitor all DJS licensed facilities as of 1/1/08. Ms Valdez indicated that her office is already monitoring some facilities where youth are co-mingled and there have been no serious issues to report to DHR, however, they would make informal notice to DHR if that were the case. She did state that complaints have spiked against non-DJS facilities. Ms. Valdez would like more sharing of information among agencies, but there is no protocol She would like to see collaboration around the development of a monitoring tool, reporting, responding and fixing problems. Sen. Zirkin mentioned that there is some talk about expanding the role of OIJJM.

**MSDE Steve Sorin** discussed a report to the legislature regarding a system to incorporate outcomes measurement into rates. A copy of the report will be provided to the task force. Sen. Zirkin talked about failed resolution to pay higher rates for programs that do well and stated that programs should not be rewarded for doing what they are supposed to do.

**MSDE Eleanor Kopchick** discussed the approval process for non-public education programs under COMAR 13A.09.10.10. This included publicly funded non-public schools including residential, special education and group homes. There are 15 group homes that have school. She explained that some students are co-funded and clarified that sometimes the placement agency pays the cost for the education placement. Ms.Kopchick indicated that some DJS facilities are approved to provide general and special education, but not 24 hour implementation of IEP’s IEP teams determines Least Restrictive Environment, however placement agency pays if they decide to place elsewhere. Sen. Zirkin talked about complaints in Baltimore Co. about group home youth in schools and asked who tracks performance.

**MSDE Jodi King** explained that the local school system tracks individual youth and the jurisdiction of origin tracks private separate day school placements. Generally the child goes to school in the jurisdiction in which they live, except for some private separate day, because of transportation issues.

**Sec. Donald** indicated that caseworkers also monitor children's' progress, when placement disrupts school outcomes are bad also.

**GOC Shelley Tinney** discussed the work on an outcomes evaluation system for group homes.

#### **4. Items requiring follow-up**

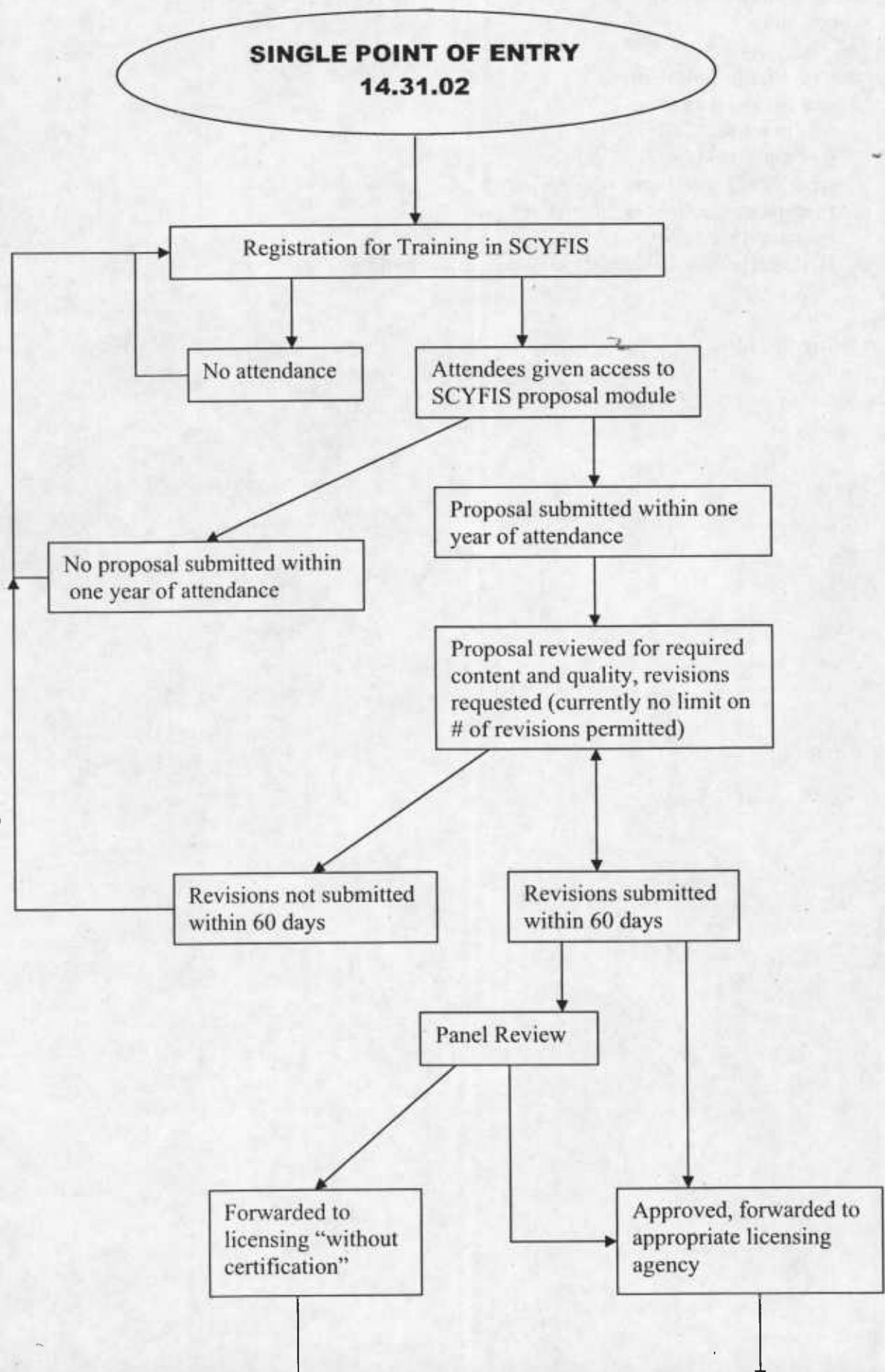
- Recidivism data
- # of placements (DHR)
- # of placements in DDA homes
- what % of group home residents are in public schools
- Placement practices in other states
- Report on HB 959 (2002)
- HHS – Building Bridges- how to develop continuum

#### **5. Meeting Schedule**

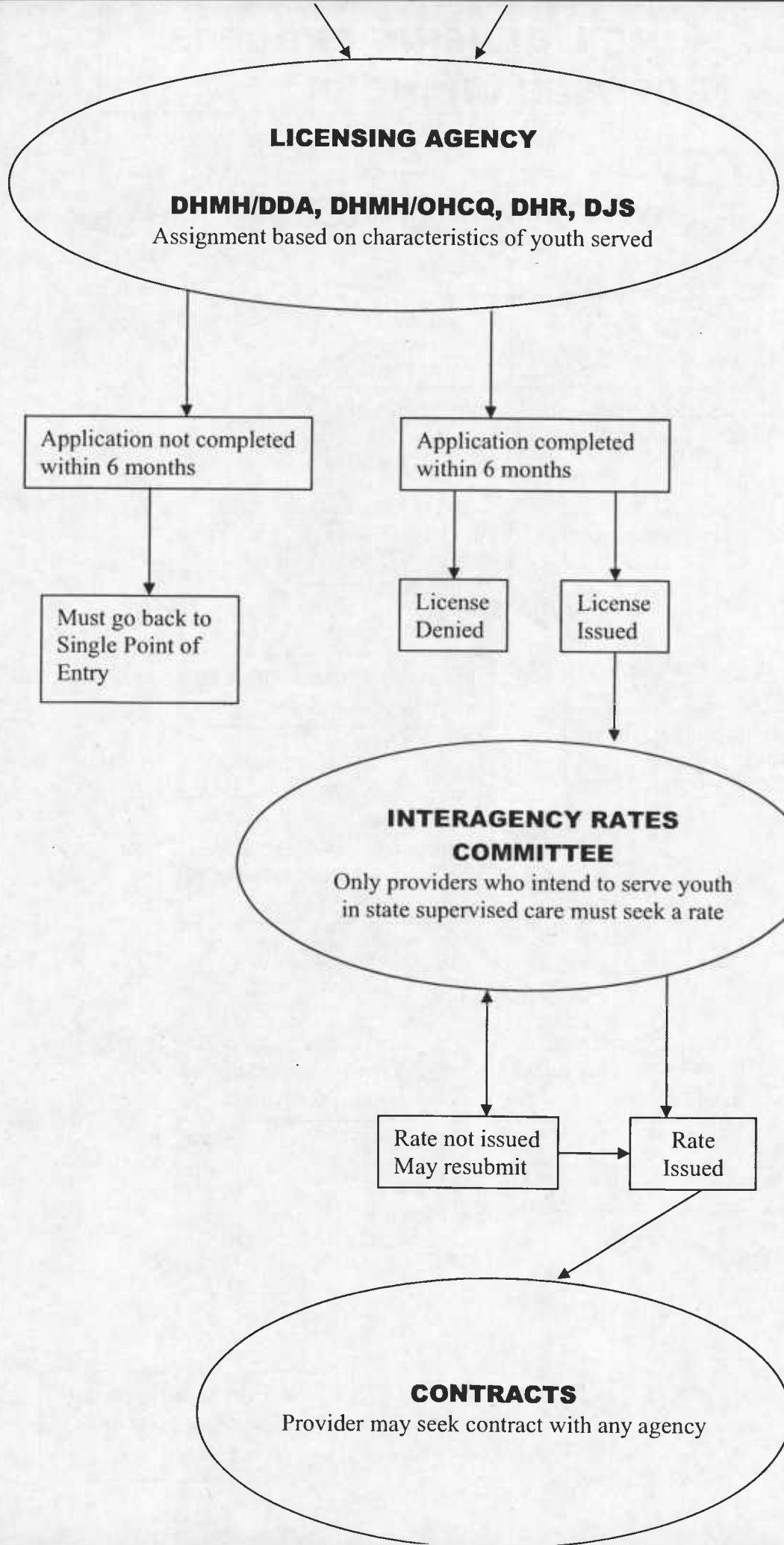
3<sup>rd</sup> Monday of each month, Annapolis Senate conference rooms.

Next meeting 10/15 1:30, notice to be sent

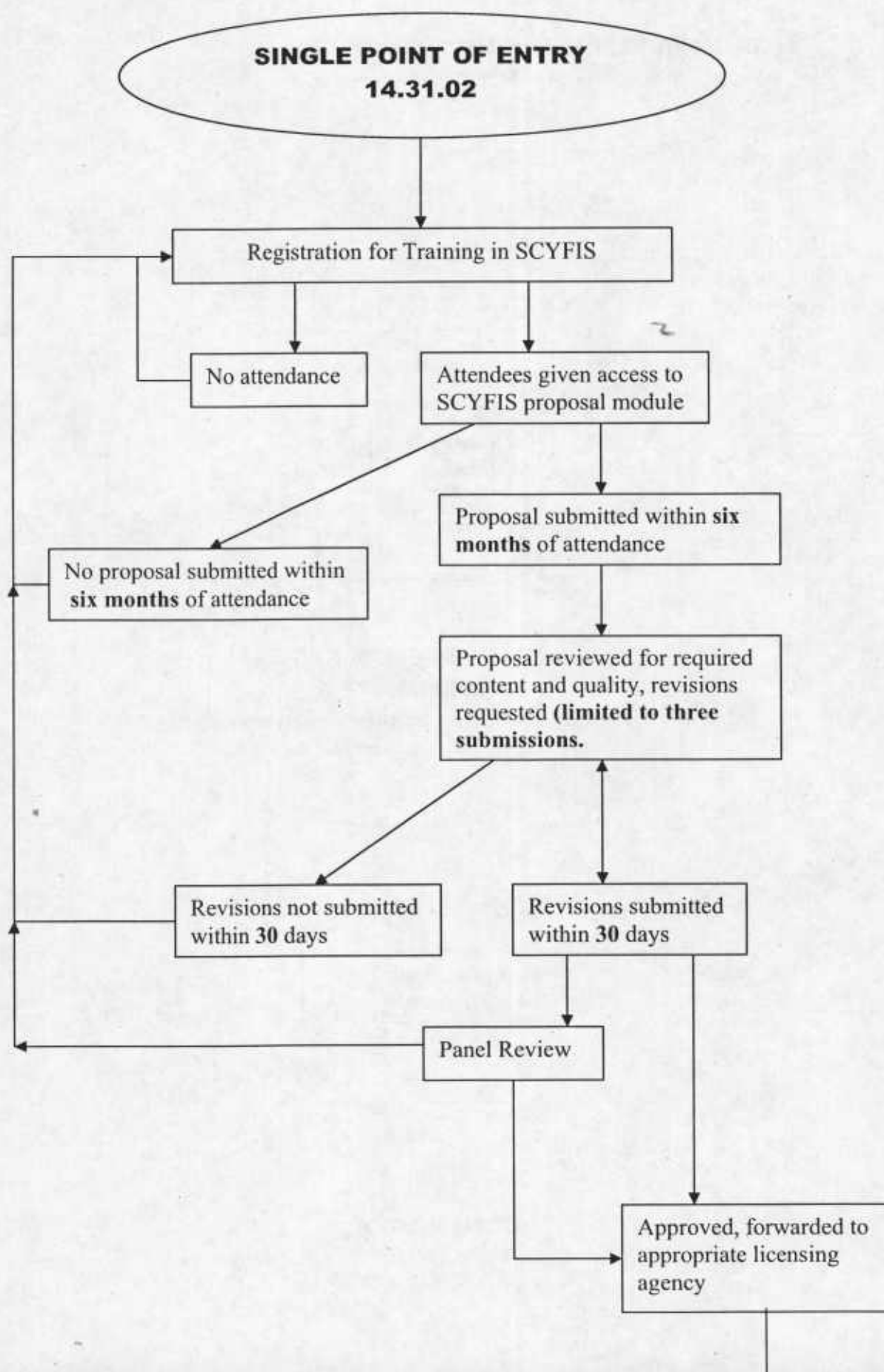
# GROUP HOME LICENSING PROCESS

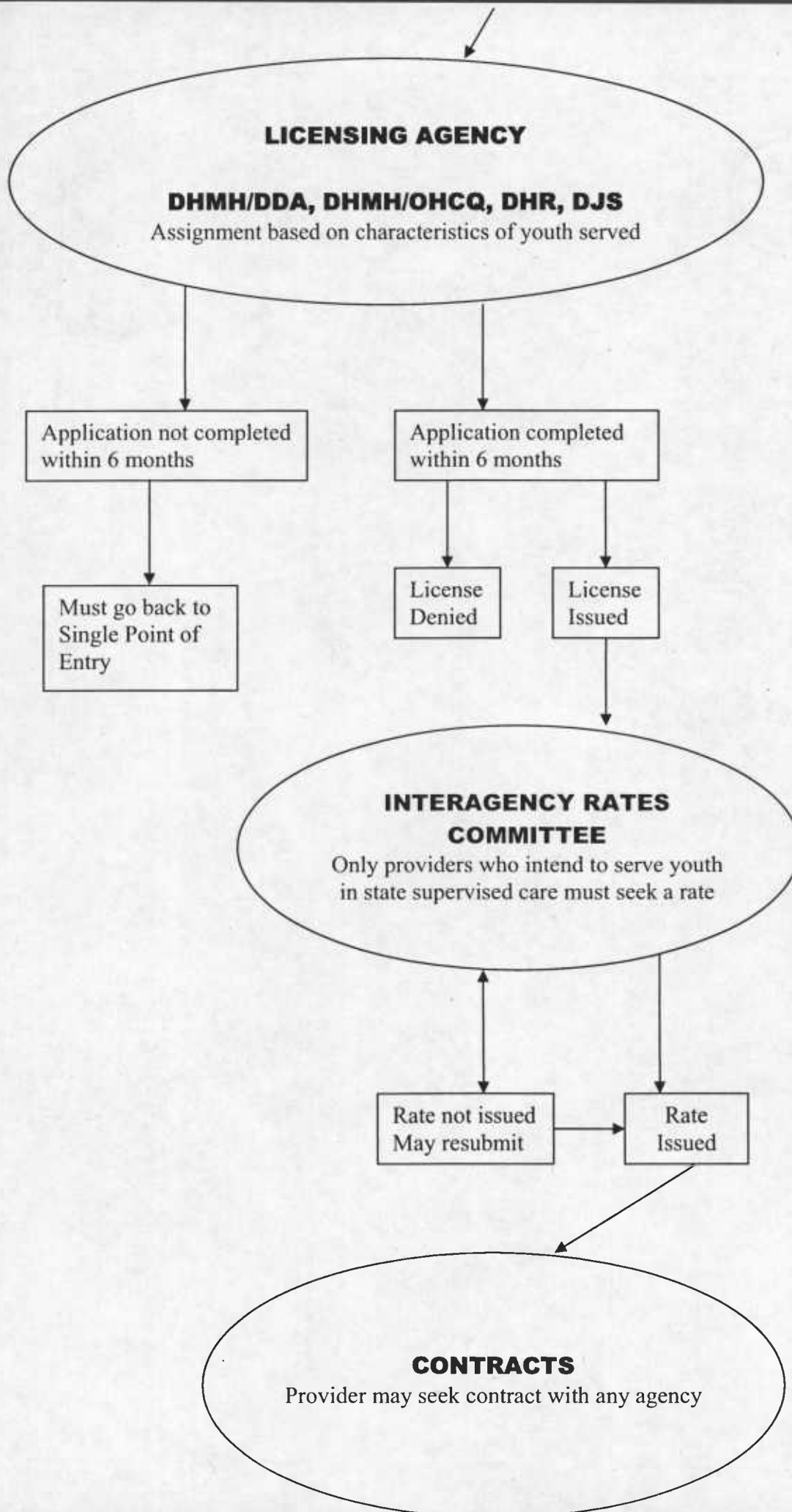




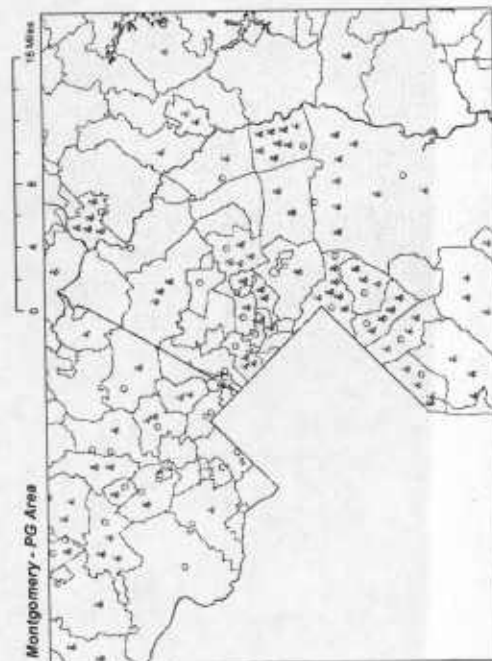
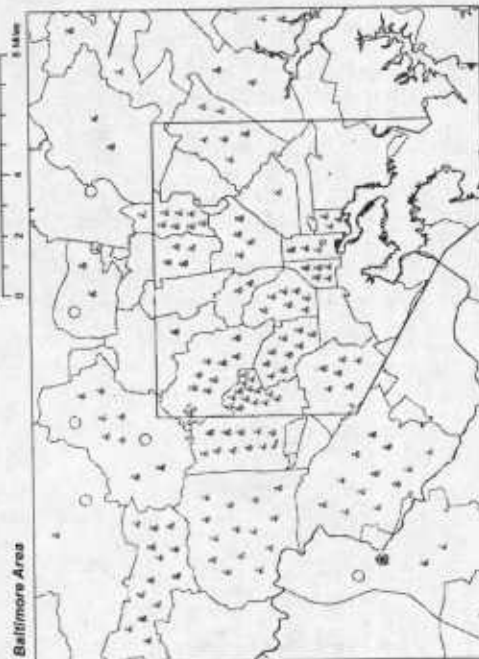
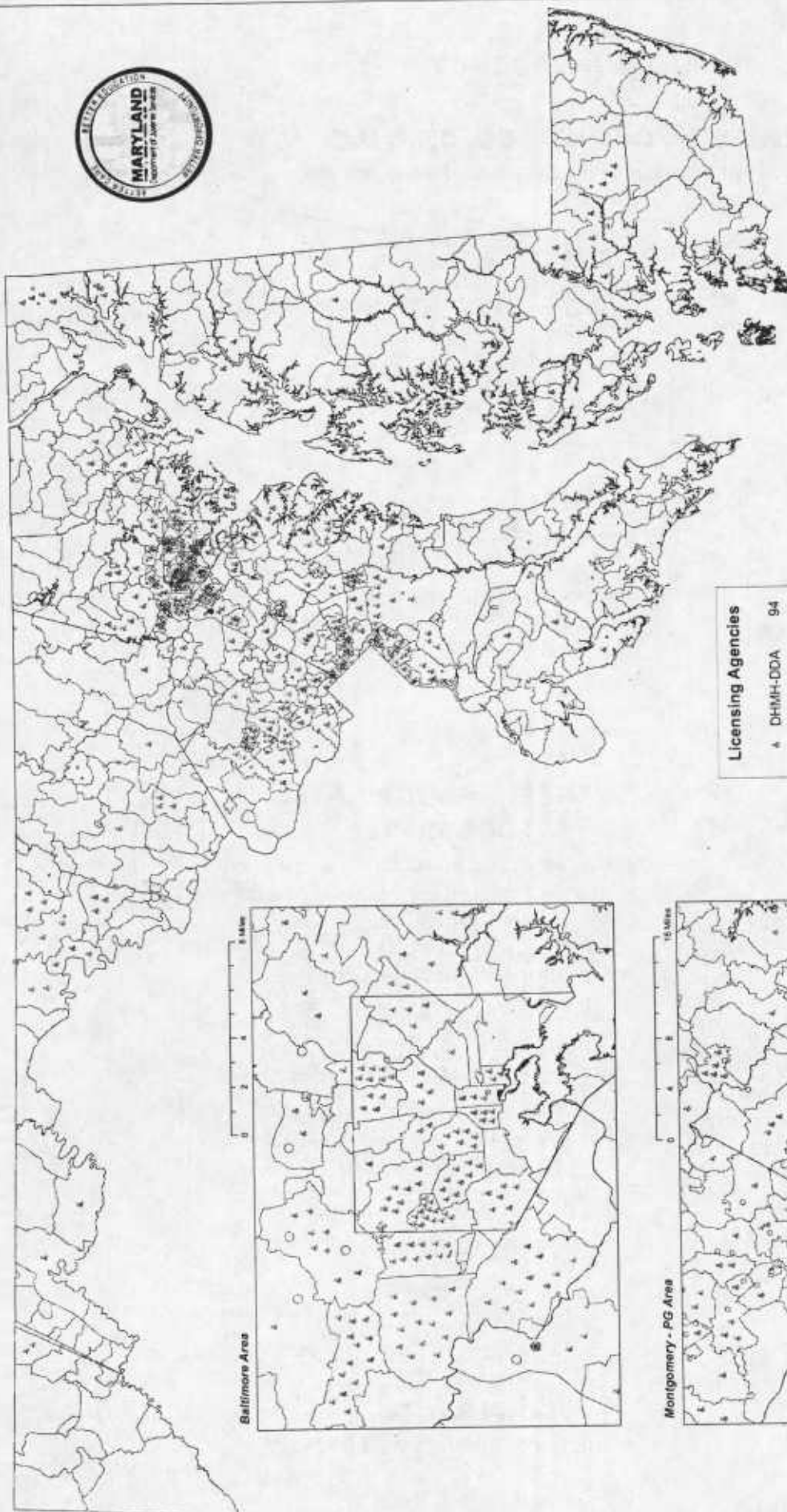


# GROUP HOME LICENSING PROCESS PROPOSED CHANGES





# GROUP HOMES BY LICENSING AGENCY - PLOTTED BY PROVIDER ZIP CODE



## Licensing Agencies

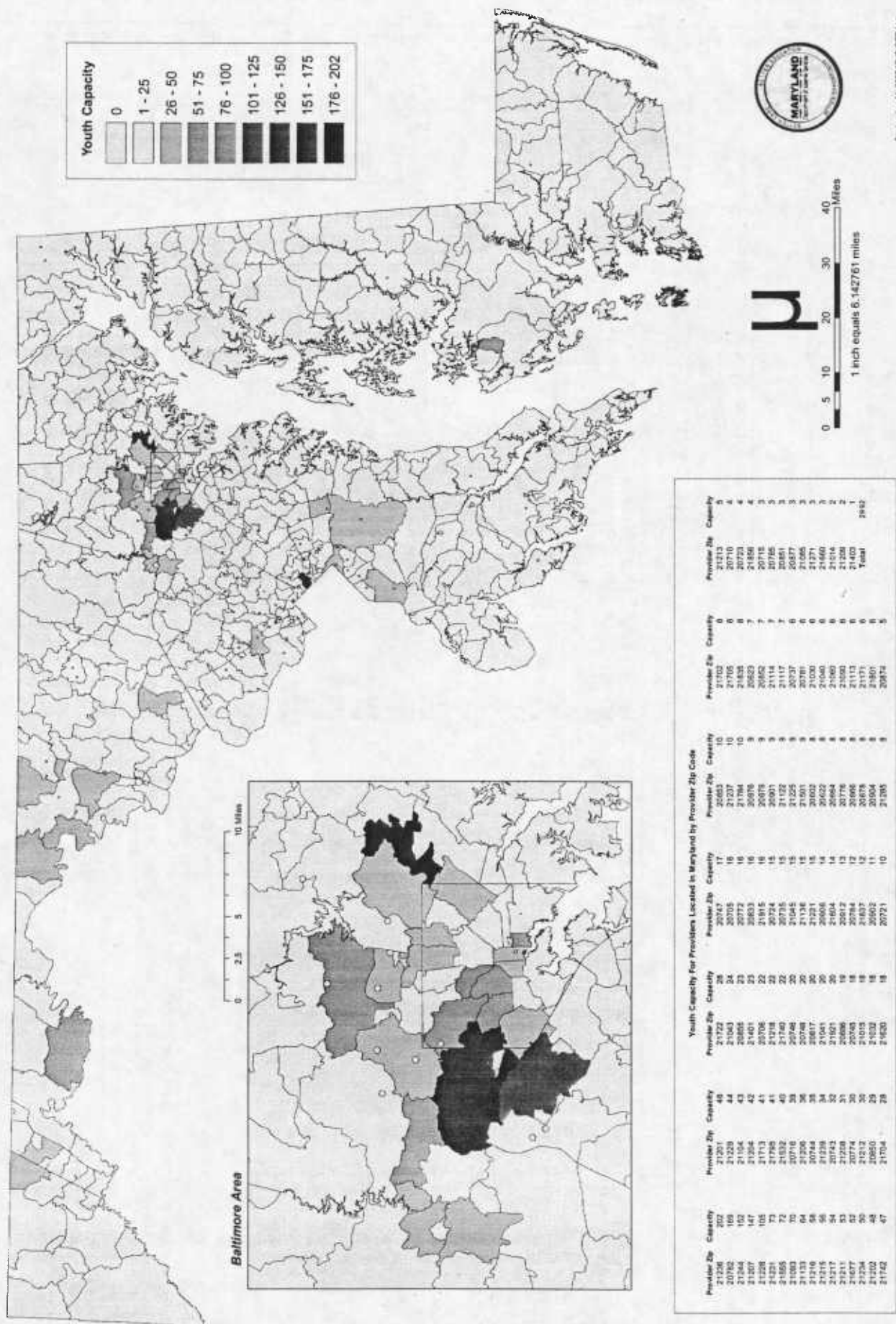
|       |           |     |
|-------|-----------|-----|
| 4     | DHMH-DDA  | 94  |
| 4     | DHMH-OHCO | 26  |
| 4     | DHR       | 205 |
| 4     | DJS       | 19  |
| Total |           | 344 |

☐ Zip Code Boundary  
☐ County Boundary



Note: One provider had an out-of-state zip code and is not represented on this map. Six providers with zip code 20714 are placed in northern 20702. Two with 21703 are placed in 21704.

# GROUP HOMES BY CAPACITY - PLOTTED BY PROVIDER ZIP CODE





# Support Results Searched Resources module for residential providers where: filtered by Res Lic Type

Sorted By: ProviderName ASC then by ServiceCategory ASC

5/9/2007 14:37

| Provider Name  | Provider City   | Provider State | Provider Zip | Jurisdiction           | Lic Agency | Gender | Age From | Age To | Capacity |
|--|-----------------|----------------|--------------|------------------------|------------|--------|----------|--------|----------|
| A New World Inc.   | Baltimore       | MD             | 21216        | Baltimore City         | DHR        | F      | 13       | 17     | 6        |
| Adventist Behavioral Health  | Crownsville     | MD             | 21032        | Anne Arundel County    | DHR        | M      | 13       | 18     | 18       |
| Akoma Home   | Baltimore       | MD             | 21216        | Baltimore City         | DHR        | M      | 14       | 17     | 6        |
| All That Matters Inc.  | UPPER MARLBORO  | MD             | 20772        | Prince George's County | DHR        | F      | 14       | 18     | 8        |
| ALL THAT MATTERS, INC. FOUNDATION  | FORT WASHINGTON | MD             | 20744        | Prince George's County | DHMH: OHCQ | F      | 13       | 17     | 6        |
| ALL THAT MATTERS, INC. FOUNDATION  | Suitland        | MD             | 20746        | Prince George's County | DHMH: OHCQ | M      | 13       | 17     | 8        |
| Allegany County Girls Group Home   | Cumberland      | MD             | 21501        | Allegany County        | DJS        | F      | 13       | 18     | 9        |
| Aries Residential Services   | Baltimore       | MD             | 21217        | Baltimore City         | DHR        | M      | 13       | 17     | 6        |
| Associated Catholic Charities/ Gallagher Services                                | Baltimore       | MD             | 21234        | Baltimore County       | DHMH: DDA  | F      | 20       | 26     | 4        |
| AT&T Counseling Consultants and Youth and Family Services, Inc.                  | Baltimore       | MD             | 21216        | Baltimore City         | DHR        | M      | 14       | 18     | 11       |
| Aunt CC's Harbor House   | Baltimore       | MD             | 21202        | Baltimore City         | DJS        | M      | 11       | 17     | 15       |
| Aunt Hattie's Place  | Randallstown    | MD             | 21133        | Baltimore County       | DHR        | M      | 15       | 18     | 6        |
| Aunt Hattie's Place  | Baltimore       | MD             | 21207        | Baltimore City         | DHR        | M      | 9        | 14     | 12       |
| B&B Youth Homes, I and II  | Riverdale       | MD             | 20737        | Prince George's County | DHR        | F      | 15       | 19     | 6        |
| B&B Youth Homes, Inc.  | Silver          | MD             | 20901        | Montgomery County      | DHR        | F      | 13       | 18     | 4        |
| Bay Shore Services, Inc.   | Salisbury       | MD             | 21801        | Wicomico County        | DHMH: DDA  | MF     | 1        | 22     | 3        |
| Be Our Guest Ltd. 1A   | Woodlawn        | MD             | 21207        | Baltimore County       | DHMH: DDA  | F      | 12       | 15     | 3        |
| Be Our Guest Ltd. 1B   | Woodlawn        | MD             | 21207        | Baltimore County       | DHMH: DDA  | M      | 12       | 15     | 3        |
| Be Our Guest, Ltd. II  | Randallstown    | MD             | 21133        | Baltimore County       | DHMH: DDA  | M      | 10       | 20     | 4        |
| Bello Machre, Inc.   | Glen Burnie     | MD             | 21060        | Anne Arundel County    | DHMH: DDA  | M      | 16       | 21     | 6        |
| Benedictine Lane   | Ridgely         | MD             | 21660        | Caroline County        | DHR        | M      | 5        | 21     | 3        |
| Bert's Place   | Baltimore       | MD             | 21216        | Baltimore City         | DHR        | M      | 15       | 18     | 5        |
| Better You Better Me Incorporated  | Baltimore       | MD             | 21218        | Baltimore City         | DHMH: OHCQ | M      | 13       | 18     | 4        |
| Big Pine Children Home   | Clear Spring    | MD             | 21722        | Washington County      | DHR        | M      | 7        | 16     | 14       |
| Bishop-Eush Homecare   | Clin ton        | MD             | 20735        | Prince George's County | DHR        | M      | 13       | 16     | 4        |
| Boykin Place   | Upper           | MD             | 20774        | Prince George's County | DHMH: DDA  | M      | 13       | 16     | 5        |
| Boys Home Society of Baltimore, Inc. - Long Term                                 | Baltimore       | MD             | 21201        | Baltimore City         | DHR        | M      | 8        | 13     | 12       |
| Boys Home Society of Baltimore, Inc. - Shelter                                   | Baltimore       | MD             | 21201        | Baltimore City         | DHR        | M      | 8        | 13     | 6        |
| Boyz II Men Youth Program, Inc.  | Oxon Hill       | MD             | 20745        | Prince George's County | DHR        | M      | 13       | 16     | 5        |
| Boyz II Men Youth Program, Inc.  | Oxon            | MD             | 20745        | Prince George's County | DHR        | M      | 13       | 16     | 5        |
| Brotherhood and Sisterhood International, Inc. (The Development Inst Hyattsville | Silver Spring   | MD             | 20784        | Prince George's County | DHMH: DDA  | F      | 8        | 12     | 3        |
| Caitness Shelter Home  | Frederick       | MD             | 20906        | Montgomery County      | DHR        | MF     | 12       | 18     | 14       |
| Camp Journey Respite Program   | Baltimore       | MD             | 21702        | Frederick County       | DHR        | MF     | 11       | 17     | 8        |
| Care With Class, Inc.  | Williamsport    | MD             | 21217        | Baltimore City         | DHR        | M      | 15       | 19     | 6        |
| Cedar ridge children's Home and School, INC., LGH                                | Randallstown    | MD             | 21795        | Washington County      | DHR        | M      | 6        | 21     | 28       |
| Center for Social Change   | Randallstown    | MD             | 21133        | Baltimore County       | DHMH: DDA  | M      | 9        | 21     | 5        |
| Center For Social Change, Inc.   | Randallstown    | MD             | 21133        | Baltimore County       | DHMH: DDA  | MF     | 3        | 21     | 5        |
| Changing Lives At Home, Ince   | Baltimore       | MD             | 21217        | Baltimore City         | DHR        | F      | 14       | 18     | 5        |
| Chara House  | Baltimore       | MD             | 21215        | Baltimore City         | DHR        | MF     | 0        | 3      | 8        |
| CHEO Group Home for Boys II  | Baltimore       | MD             | 21237        | Baltimore County       | DHR        | M      | 14       | 17     | 7        |
| CHEO Group Home for Boys III   | Baltimore       | MD             | 21217        | Baltimore City         | DHR        | M      | 16       | 21     | 12       |
| Cis & H  | Mitchellville   | MD             | 20721        | Prince George's County | DHMH: DDA  | M      | 10       | 14     | 5        |
| Clinton Home for Children, Inc.  | Columbia        | MD             | 21045        | Howard County          | DHR        | M      | 7        | 12     | 4        |
| Colesville Siblings Group Home - 54 Randolph Rd - Colesville                     | Colesville      | MD             | 20904        | Montgomery County      | DHR        | MF     | 7        | 18     | 8        |
| Comfort Homes Inc.   | Bladensburg     | MD             | 20710        | Prince George's County | DHMH: DDA  | M      | 12       | 18     | 4        |
| Community Support Services   | Ger mantown     | MD             | 20874        | Montgomery County      | DHMH: DDA  | M      | 12       | 18     | 2        |



|  |                    |    |                              |            |    |    |    |    |
|--|--------------------|----|------------------------------|------------|----|----|----|----|
| Community Support Services   | Germantown         | MD | 20874 Montgomery County      | DHMH: DDA  | MF | 16 | 21 | 3  |
| Community Support Services, Inc.                                       | Montgomery Village | MD | 20886 Montgomery County      | DHMH: DDA  | MF | 16 | 21 | 4  |
| Compassion, Inc.   | Baltimore          | MD | 21212 Baltimore City         | DHR        | M  | 14 | 17 | 4  |
| Creative Options, Inc. - Youth Services                                | Woodlawn           | MD | 21244 Baltimore County       | DHMH: DDA  | F  | 17 | 21 | 2  |
| Creative Options, Inc. Youth Division - Old Court                      | Randallstown       | MD | 21133 Baltimore County       | DHMH: DDA  | M  | 17 | 21 | 3  |
| Creative Options, Inc. Youth Division- Off Road                        | Randallstown       | MD | 21133 Baltimore County       | DHMH: DDA  | M  | 18 | 21 | 3  |
| Creative Options, Inc. Youth Services Division- Stevens Forest         | Columbia           | MD | 21045 Howard County          | DHMH: DDA  | F  | 18 | 19 | 2  |
| CSAAC  | Rockville          | MD | 20851 Montgomery County      | DHMH: DDA  | M  | 14 | 21 | 3  |
| CSAAC  | Gaithersburg       | MD | 20879 Montgomery County      | DHMH: DDA  | M  | 7  | 21 | 3  |
| CSAAC  | Gaithersburg       | MD | 20879 Montgomery County      | DHMH: DDA  | M  | 12 | 21 | 3  |
| CSAAC  | Gaithersburg       | MD | 20877 Montgomery County      | DHMH: DDA  | M  | 14 | 21 | 3  |
| CSAAC  | Montgomery         | MD | 20886 Montgomery County      | DHMH: DDA  | F  | 15 | 21 | 3  |
| CSAAC  | Gaithersburg       | MD | 20879 Montgomery County      | DHMH: DDA  | M  | 18 | 21 | 3  |
| CSAAC  | Montgomery         | MD | 20886 Montgomery County      | DHMH: DDA  | M  | 16 | 21 | 3  |
| CSAAC  | Montgomery Village | MD | 20886 Montgomery County      | DHMH: DDA  | M  | 15 | 21 | 3  |
| Daisyfields Foundation, Inc.   | Baltimore          | MD | 21218 Baltimore City         | DHR        | MF | 0  | 2  | 4  |
| Daisyfields Foundation, Inc.   | Baltimore          | MD | 21218 Baltimore City         | DHR        | MF | 0  | 2  | 6  |
| Day-By-Day Residential Services, Inc.                                  | Baltimore City     | MD | 21207 Baltimore City         | DHR        | M  | 13 | 17 | 6  |
| Della's House of Angels I  | Crofton            | MD | 21114 Anne Arundel County    | DHR        | F  | 15 | 19 | 3  |
| Della's House of Angels II   | Crofton            | MD | 21114 Anne Arundel County    | DHR        | F  | 15 | 19 | 4  |
| Devine Intervention  | Baltimore          | MD | 21239 Baltimore City         | DHR        | M  | 14 | 17 | 5  |
| Dove Pointe Residential Services, Inc.                                 | Salisbury          | MD | 21804 Wicomico County        | DHMH: DDA  | F  | 18 | 21 | 3  |
| Dove Pointe Residential Services, Inc.                                 | Salisbury          | MD | 21801 Wicomico County        | DHMH: DDA  | MF | 15 | 21 | 3  |
| DREAM KEEPERS INC.,  | Baltimore          | MD | 21206 Baltimore County       | DHR        | M  | 15 | 21 | 6  |
| Dulaney House  | Ellicott City      | MD | 21041 Howard County          | DHMH: OHCQ | F  | 12 | 18 | 8  |
| Elaine E. Lee Sibling Home I   | Baltimore          | MD | 21239 Baltimore City         | DHR        | MF | 5  | 12 | 5  |
| Elaine E. Lee Sibling Home II  | Baltimore          | MD | 21239 Baltimore City         | DHR        | MF | 15 | 18 | 5  |
| F & N Youth Home, Inc.   | Silver Spring      | MD | 20901 Montgomery County      | DHR        | M  | 10 | 15 | 5  |
| Faith Cottage Therapeutic Group Home                                   | Williamsport       | MD | 21795 Washington County      | DHMH: OHCQ | M  | 11 | 17 | 8  |
| First Metropolitan Facilities Inc                                      | Suitland           | MD | 20746 Prince George's County | DHMH: DDA  | M  | 12 | 16 | 3  |
| FIRST METROPOLITAN FACILITIES INC                                      | District Heights   | MD | 20747 Prince George's County | DHMH: DDA  | M  | 9  | 13 | 5  |
| First Metropolitan Facilities Inc                                      | District Heights   | MD | 20747 Prince George's County | DHMH: DDA  | M  | 11 | 15 | 4  |
| First Metropolitan Facilities Incorporated                             | Suitland           | MD | 20746 Prince George's County | DHMH: DDA  | M  | 12 | 16 | 5  |
| First Metropolitan Facilities Incorporated                             | Suitland           | MD | 20746 Prince George's County | DHMH: DDA  | M  | 12 | 16 | 4  |
| Florence Crittenton Services of Baltimore, Inc. - General Treatment    | Baltimore          | MD | 21211 Baltimore City         | DHR        | F  | 13 | 20 | 38 |
| Florence Crittenton Services of Baltimore Teen Parenting/Mother Infant | Baltimore          | MD | 21211 Baltimore City         | DHR        | F  | 13 | 20 | 15 |
| For Youth Enterprise, Inc.   | Capital Heights    | MD | 20743 Prince George's County | DHR        | M  | 12 | 17 | 10 |
| Fordham Cottage  | Towson             | MD | 21204 Baltimore County       | DHMH: OHCQ | M  | 12 | 18 | 8  |
| Foundations - The Arc of Washington County, Inc.                       | Hagerstown         | MD | 21740 Washington County      | DHR        | MF | 15 | 21 | 10 |
| Franklin Homes, Inc.   | Baltimore          | MD | 21207 Baltimore County       | DHR        | M  | 15 | 18 | 5  |
| Franklin Homes, Inc.   | Randallstown       | MD | 21133 Baltimore County       | DHR        | M  | 15 | 18 | 5  |
| Franklin Homes, Inc.   | Baltimore          | MD | 21206 Baltimore City         | DHR        | M  | 10 | 14 | 5  |
| Franklin Homes, Inc.   | Baltimore          | MD | 21244 Baltimore County       | DHR        | M  | 10 | 14 | 4  |
| Gateway House - 3223 Rolling Rd - Baltimore                            | Baltimore          | MD | 21244 Baltimore County       | DHR        | F  | 15 | 21 | 4  |
| Graceville Group Home, Inc.  | Baltimore          | MD | 21221 Baltimore County       | DHR        | M  | 12 | 16 | 4  |
| Graceville Group Home, Inc.  | Baltimore          | MD | 21221 Baltimore County       | DHR        | M  | 12 | 16 | 4  |
| Great Esteem   | Odenton            | MD | 21113 Anne Arundel County    | DHR        | F  | 14 | 17 | 6  |
| Greentree Adolescent Program   | Bethesda           | MD | 20817 Montgomery County      | DHR        | MF | 12 | 18 | 20 |
| Growing Together II  | Baltimore          | MD | 21216 Baltimore City         | DHR        | F  | 10 | 13 | 4  |
| GUIDE Catonsville Structured Shelter                                   | Catonsville        | MD | 21228 Baltimore County       | DJS        | M  | 12 | 18 | 10 |

|  |                 |    |                              |            |    |    |    |
|--|-----------------|----|------------------------------|------------|----|----|----|
| Guide Therapeutic Group Home                                   | Baltimore       | MD | 21207 Baltimore City         | DHMH: OHCQ | M  | 13 | 6  |
| Guida Therapeutic Group Home                                   | Fort Washington | MD | 20744 Prince George's County | DHMH: OHCQ | M  | 13 | 6  |
| Gwynn Oak House  | Baltimore       | MD | 21207 Baltimore City         | DHR        | M  | 8  | 8  |
| Hagerstown Shelter - 13420 Herman Meyers Rd - Hagerstown       | Hagerstown      | MD | 21742 Washington County      | DHR        | F  | 9  | 6  |
| Harris House   | Baltimore       | MD | 21202 Baltimore City         | DHR        | M  | 12 | 9  |
| Helen Smith Girls  | Takoma          | MD | 20912 Montgomery County      | DHR        | F  | 13 | 8  |
| Her Place  | Baltimore       | MD | 21239 Baltimore City         | DHR        | F  | 12 | 4  |
| Holy Care Foundation, Inc.                                     | West Lanham     | MD | 20785 Prince George's County | DHMH: DDA  | MF | 10 | 3  |
| Holy Care group home   | Laurel          | MD | 20724 Anne Arundel County    | DHMH: DDA  | MF | 10 | 3  |
| Holy Care Group Home   | Lanham          | MD | 20784 Prince George's County | DHMH: DDA  | MF | 10 | 6  |
| Holy Care Group Home, Inc.                                     | Lanham          | MD | 20706 Prince George's County | DHMH: DDA  | MF | 10 | 3  |
| Holy Care Group Home, Inc.                                     | Landover Hills  | MD | 20784 Prince George's County | DHMH: DDA  | MF | 10 | 3  |
| Holy Care Group Home - Medical Fragile                         | Laurel          | MD | 20724 Anne Arundel County    | DHMH: DDA  | MF | 6  | 3  |
| Home of New Beginnings Adolescent Program                      | Randallstown    | MD | 21133 Baltimore County       | DHR        | F  | 12 | 12 |
| Home of New Beginnings Pregnant, Teens and Teen Mothers        | Randallstown    | MD | 21133 Baltimore County       | DHR        | F  | 16 | 4  |
| House of NYMA - Bowie  | Bowie           | MD | 20715 Prince George's County | DHR        | M  | 14 | 3  |
| House of NYMA - Largo  | Upper Marlboro  | MD | 20774 Prince George's County | DHR        | M  | 14 | 3  |
| Inclusive Residential Services, Inc.                           | Edgewood        | MD | 21212 Baltimore City         | DHR        | M  | 13 | 6  |
| Inner County Outreach-Edgewood                                 | Edgewood        | MD | 21040 Harford County         | DHR        | M  | 13 | 6  |
| Inner County Outreach-Overlea                                  | Baltimore       | MD | 21206 Harford County         | DHR        | M  | 13 | 6  |
| Inspiring Minds Inc.   | Baltimore       | MD | 21229 Baltimore City         | DHR        | F  | 12 | 4  |
| Jack E. Barr Therapeutic Group Home                            | Boonsboro       | MD | 21713 Washington County      | DHMH: OHCQ | F  | 13 | 8  |
| Jane Egerton House   | Baltimore       | MD | 21201 Baltimore City         | DHR        | F  | 13 | 12 |
| Jefferson - Bridgewater and Harp Road Houses                   | Hagerstown      | MD | 21740 Washington County      | DHR        | MF | 10 | 12 |
| Jentry E. McDonald, Sr. Group Home                             | Baltimore       | MD | 21217 Baltimore City         | DHR        | MF | 5  | 15 |
| John C. Tracey Group Home                                      | Rockville       | MD | 20850 Montgomery County      | DHR        | M  | 13 | 8  |
| Jordan House   | Williamsport    | MD | 21795 Washington County      | DHR        | M  | 13 | 5  |
| Jumoke Group Home  | Baltimore       | MD | 21239 Baltimore City         | DHR        | M  | 15 | 4  |
| Jumoke, Inc.   | Baltimore       | MD | 21229 Baltimore City         | DHR        | M  | 10 | 5  |
| Jumoke, Inc.   | Baltimore       | MD | 21216 Baltimore City         | DHR        | M  | 13 | 6  |
| Karma Academy for Boys   | Rockville       | MD | 20850 Montgomery County      | DJS        | M  | 14 | 13 |
| Karma at Randallstown  | Randallstown    | MD | 21133 Baltimore County       | DJS        | M  | 14 | 8  |
| Kelso Shelter (Girls) and Singewald Shelter (Boys) - Baltimore | Baltimore       | MD | 21244 Baltimore County       | DHR        | MF | 9  | 24 |
| Kemp Mill Group Home   | Silver          | MD | 20902 Montgomery County      | DHR        | M  | 13 | 8  |
| Kent Youth Boys Group Home                                     | Chesterstown    | MD | 21620 Kent County            | DJS        | M  | 14 | 10 |
| Kourtney Place   | Rockville       | MD | 20853 Montgomery County      | DHMH: DDA  | F  | 8  | 5  |
| Lacey Brown Home   | Baltimore       | MD | 21207 Baltimore City         | DHR        | F  | 12 | 6  |
| LAFU I - Youth Home for Boys, Inc.                             | Fort            | MD | 20744 Prince George's County | DHR        | M  | 13 | 8  |
| LaFu II - Youth Homes for Boys, Inc.                           | Fort Washington | MD | 20744 Prince George's County | DHR        | M  | 13 | 7  |
| Langworthy House   | Hyattsville     | MD | 20782 Prince George's County | DHR        | M  | 12 | 8  |
| Lazarus House, INC   | Baltimore       | MD | 21213 Baltimore City         | DHR        | M  | 13 | 5  |
| Liberty House  | Baltimore       | MD | 21207 Baltimore City         | DJS        | M  | 8  | 10 |
| LifelLine, Inc.  | Laurel          | MD | 20724 Prince George's County | DHMH: DDA  | F  | 17 | 3  |
| LifelLine, Inc.  | Laurel          | MD | 20724 Prince George's County | DHMH: DDA  | M  | 9  | 3  |
| LifelLine, Inc.  | Laurel          | MD | 20724 Prince George's County | DHMH: DDA  | MF | 14 | 3  |
| Lighthouse TGH   | Waldorf         | MD | 20602 Charles County         | DHMH: OHCQ | F  | 12 | 8  |
| Lincoln House  | Baltimore       | MD | 21228 Baltimore County       | DHR        | M  | 15 | 4  |
| Linkwood Girls Home  | Linkwood        | MD | 21835 Dorchester County      | DJS        | F  | 12 | 8  |
| Linwood Center, Inc.   | Ellicott City   | MD | 21043 Howard County          | DHR        | MF | 9  | 20 |
| Linwood Center, Inc.   | Ellicott City   | MD | 21043 Howard County          | DHR        | MF | 9  | 4  |

|   |                 |    |                              |            |    |    |    |     |
|---|-----------------|----|------------------------------|------------|----|----|----|-----|
| M. S. Youth Services  | German town     | MD | 20876 Montgomery County      | DHR        | M  | 12 | 14 | 5   |
| M. S. Youth Services  | Gaithersburg    | MD | 20886 Montgomery County      | DHR        | M  | 11 | 14 | 6   |
| Making A Great Individual Contribution III                          | Baltimore       | MD | 21207 Baltimore County       | DHR        | F  | 11 | 18 | 5   |
| Making A Great Individual Contribution -Unity Home for Girls 2      | Baltimore       | MD | 21207 Baltimore County       | DHR        | F  | 11 | 18 | 4   |
| Making A Great Individual Contribution, Inc.-Unity Home for Girls I | Baltimore       | MD | 21207 Baltimore County       | DHR        | F  | 11 | 18 | 4   |
| Manchester Drive  | Sutland         | MD | 20721 Prince George's County | DHMH: DDA  | M  | 15 | 18 | 5   |
| Mansion at Focus Point ii   | Clinton         | MD | 20735 Prince George's County | DHR        | M  | 13 | 17 | 8   |
| Mansion at focus point iii  | Fort Washington | MD | 20744 Prince George's County | DHR        | F  | 15 | 20 | 8   |
| Mansion at focus point: i   | Oxon Hill       | MD | 20745 Prince George's County | DHR        | M  | 12 | 17 | 8   |
| Maple Shade Youth & Family Services                                 | Mardela         | MD | 21837 Wicomico County        | DHMH: OHCQ | M  | 8  | 18 | 8   |
| Marsha House of Angels (MHOA)                                       | Bowie           | MD | 20716 Prince George's County | DHR        | F  | 14 | 18 | 7   |
| MARTHA'S PLACE.   | BALTIMORE CITY  | MD | 21207 Baltimore City         | DHR        | M  | 11 | 15 | 8   |
| MARTHA'S PLACE.   | GWYNN OAK       | MD | 21207 Baltimore City         | DHR        | M  | 11 | 15 | 8   |
| Mary's Mount  | Harwood         | MD | 20776 Anne Arundel County    | DHMH: OHCQ | F  | 13 | 17 | 8   |
| Maryland School for Blind   | Baltimore       | MD | 21236 Baltimore City         | DHR        | MF | 0  | 20 | 200 |
| Maryland school for deaf: i   | Frederick       | MD | 21705 Frederick County       | DHR        | MF | 4  | 21 |     |
| Maryland school for deaf: i   | Columbia        | MD | 21044 Howard County          | DHR        | MF | 4  | 21 |     |
| Maryland Sheriff's Youth Ranch                                      | Frederick       | MD | 21704 Frederick County       | DHR        | M  | 10 | 21 | 28  |
| Master Porter, Inc.   | Upper Marlboro  | MD | 20774 Prince George's County | DHR        | M  | 13 | 17 | 5   |
| McJoy's Joy Covenant  | Baltimore       | MD | 21206 Baltimore City         | DHR        | M  | 15 | 18 | 8   |
| MENTOR Maryland - Family Advocacy Services - Transitional Group     | Baltimore       | MD | 21229 Baltimore City         | DJS        | M  | 13 | 17 | 8   |
| Mercy Family Care, Inc  | UPPER MARLBORO  | MD | 20774 Prince George's County | DHR        | M  | 13 | 17 | 6   |
| Mid Atlantic Human Services Corp                                    | Reisterstown    | MD | 21136 Baltimore County       | DHMH: DDA  |    |    |    | 5   |
| Mid Atlantic Human Services Corp                                    | Baltimore       | MD | 21209 Baltimore City         | DHMH: DDA  |    |    |    | 2   |
| Mid Atlantic Human Services Corp                                    | Catonsville     | MD | 21228 Baltimore County       | DHMH: DDA  |    |    |    | 5   |
| Mid Atlantic Human Services Corp                                    | Annapolis       | MD | 21403 Anne Arundel County    | DHMH: DDA  |    |    |    | 1   |
| Mid Atlantic Human Services Corp                                    | Catonsville     | MD | 21228 Baltimore County       | DHMH: DDA  |    |    |    | 4   |
| Mid Atlantic Human Services Corp.                                   | Bel             | MD | 21014 Harford County         | DHMH: DDA  |    |    |    | 2   |
| Mom-Mom's Place, Inc  | Baltimore       | MD | 21229 Baltimore City         | DHR        | F  | 13 | 17 | 6   |
| Mosaic House I  | Ellicott City   | MD | 21041 Howard County          | DHMH: OHCQ | M  | 12 | 18 | 6   |
| Mosaic House II   | Ellicott City   | MD | 21041 Howard County          | DHMH: OHCQ | M  | 12 | 18 | 6   |
| MS Youth Services   | German town     | MD | 20876 Montgomery County      | DHR        | M  | 15 | 17 | 4   |
| Mt. Airy Shelter - 15302 Liberty Rd - Mt. Airy                      | Mt. Airy        | MD | 21171 Frederick County       | DHR        | M  | 9  | 18 | 6   |
| Mumsey's Residential Care, Inc.                                     | Baltimore       | MD | 21215 Baltimore City         | DHR        | M  | 16 | 20 | 5   |
| Muncaster Mill TGH/ Hearts & Homes for Youth                        | Derwood         | MD | 20855 Montgomery County      | DHMH: OHCQ | M  | 13 | 17 | 7   |
| My Sister's House   | Temple Hills    | MD | 20748 Prince George's County | DHR        | F  | 14 | 18 | 5   |
| National Center on Institutions and Alternatives                    | Baltimore       | MD | 21207 Baltimore County       | DHR        | M  | 14 | 17 | 3   |
| National Center on Institutions and Alternatives                    | Baltimore       | MD | 21239 Baltimore County       | DHR        | M  | 17 | 21 | 3   |
| National Center on Institutions and Alternatives                    | Baltimore       | MD | 21201 Baltimore City         | DHR        | F  | 14 | 21 | 4   |
| National Center on Institutions and Alternatives ii                 | Baltimore       | MD | 21271 Baltimore County       | DHR        | M  | 14 | 17 | 3   |
| National Center on Institutions and Alternatives iii                | Woodlawn        | MD | 21207 Baltimore County       | DHR        | M  | 17 | 21 | 4   |
| National Center on Institutions and Alternatives iii                | Baltimore       | MD | 21239 Baltimore City         | DHR        | M  | 14 | 21 | 4   |
| National Center on Institutions and Alternatives v                  | Baltimore       | MD | 21208 Baltimore City         | DHR        | M  | 17 | 21 | 4   |
| National Center on Institutions and Alternatives vi                 | Baltimore       | MD | 21208 Baltimore City         | DHR        | M  | 17 | 21 | 4   |
| National Center on Institutions and Alternatives vii                | Baltimore       | MD | 21215 Baltimore City         | DHR        | M  | 13 | 21 | 4   |
| National Center on Institutions and Alternatives viii               | Owens Mills     | MD | 21136 Baltimore County       | DHR        | M  | 17 | 21 | 4   |
| National Center on Institutions and Alternatives x                  | Randallstown    | MD | 21133 Baltimore County       | DHR        | M  | 13 | 21 | 3   |
| National Center on Institutions and Alternatives xi                 | Baltimore       | MD | 21239 Baltimore City         | DHR        | M  | 17 | 21 | 4   |
| National center on institutions and alternatives: i                 | Woodlawn        | MD | 21244 Baltimore County       | DHR        | F  | 17 | 21 | 3   |
| National Children's Center  | Lewisdale       | MD | 20781 Prince George's County | DHMH: DDA  | MF | 14 | 21 | 6   |

|   |                 |    |                              |            |    |    |    |    |
|---|-----------------|----|------------------------------|------------|----|----|----|----|
| National Residential Services                           | Beltsville      | MD | 20705 Prince George's County | DHR        | M  | 14 | 18 | 6  |
| National Residential Services                           | Burtonsville    | MD | 20866 Montgomery County      | DHR        | M  | 11 | 15 | 8  |
| Nevins Place  | Salisbury       | MD | 21804 Wicomico County        | DHMH: DDA  | MF | 0  | 18 | 3  |
| New Dominion School                                     | Oldtown         | MD | 21555 Allegany County        | DJS        | M  | 11 | 17 | 72 |
| Nicodemus Group Home - 1706 Nicodemus Rd - Reisterstown | Reisterstown    | MD | 21136 Baltimore County       | DHR        | F  | 15 | 21 | 5  |
| Oakland Avenue  | Goldsboro       | MD | 20735 Caroline County        | DHR        | M  | 5  | 21 | 3  |
| Oblate Sisters of Providence                            | Baltimore       | MD | 21202 Baltimore City         | DHR        | F  | 8  | 15 | 24 |
| One Love Group Home                                     | Baltimore       | MD | 21212 Baltimore City         | DJS        | M  | 14 | 16 | 8  |
| Our Fortress Homes Inc.                                 | BALTIMORE       | MD | 21206 Baltimore City         | DHMH: OHCQ | M  | 12 | 16 | 6  |
| Our House Youth Home                                    | Brookeville     | MD | 20833 Montgomery County      | DHR        | M  | 16 | 21 | 16 |
| Peggy's Place   | Baltimore       | MD | 21231 Baltimore City         | DHR        | F  | 12 | 18 | 10 |
| Philomena's Place                                       | Rockville       | MD | 20853 Montgomery County      | DHMH: DDA  | M  | 13 | 21 | 5  |
| Place for children ii                                   | Baltimore       | MD | 21208 Baltimore City         | DHR        | MF | 13 | 17 | 4  |
| Place for children iii                                  | Baltimore       | MD | 21208 Baltimore City         | DHR        | MF | 10 | 14 | 4  |
| Place for children iv                                   | Baltimore       | MD | 21244 Baltimore City         | DHR        | F  | 10 | 14 | 4  |
| Place for children ix                                   | Baltimore       | MD | 21133 Baltimore City         | DHR        | MF | 6  | 12 | 3  |
| Place for children v                                    | Baltimore       | MD | 21244 Baltimore City         | DHR        | M  | 10 | 15 | 3  |
| Place for children vi                                   | Baltimore       | MD | 21207 Baltimore City         | DHR        | M  | 8  | 12 | 3  |
| Place for children vii                                  | Baltimore       | MD | 21117 Baltimore City         | DHR        | F  | 9  | 14 | 4  |
| Place for children viii                                 | Baltimore       | MD | 21244 Baltimore City         | DHR        | F  | 6  | 12 | 3  |
| Place for children x                                    | Baltimore       | MD | 21244 Baltimore City         | DHR        | F  | 10 | 14 | 3  |
| Pollyanna's Place (Family Solutions)                    | Beltsville      | MD | 20705 Prince George's County | DHMH: DDA  | M  | 14 | 21 | 5  |
| Potomac Ridge Behavioral Health                         | Denwood         | MD | 20855 Montgomery County      | DHR        | MF | 12 | 17 | 8  |
| Potomac Ridge Behavioral Health                         | Rockville       | MD | 20850 Montgomery County      | DHR        | MF | 12 | 17 | 8  |
| Potomac Ridge Cottage at N. Potomac                     | N. Potomac      | MD | 20878 Montgomery County      | DHMH: OHCQ | MF | 12 | 17 | 8  |
| Potomac Ridge Cottage at Rockville                      | Denwood         | MD | 20855 Montgomery County      | DHMH: OHCQ | MF | 12 | 17 | 8  |
| Premiere House  | Baltimore       | MD | 21207 Baltimore City         | DHR        | M  | 17 | 21 | 8  |
| PSI/First Home Care Mount Clare House                   | Baltimore       | MD | 21201 Baltimore City         | DJS        | M  | 15 | 18 | 12 |
| Red House   | Rockville       | MD | 20852 Montgomery County      | DHMH: OHCQ | M  | 6  | 12 | 7  |
| REM Maryland - ALU 1 - 31st Street                      | Rosedale        | MD | 21237 Baltimore County       | DHMH: DDA  | F  | 13 | 21 | 3  |
| REM Maryland - ALU 1 - Allenswood                       | Randallstown    | MD | 21136 Baltimore County       | DHMH: DDA  | F  | 19 | 21 | 1  |
| REM Maryland - ALU 1 - Jameson                          | Randallstown    | MD | 21208 Baltimore County       | DHMH: DDA  | M  | 14 | 18 | 3  |
| REM Maryland - ALU 1 - Joppa                            | Joppatown       | MD | 21085 Harford County         | DHMH: DDA  | M  | 14 | 18 | 3  |
| REM Maryland - ALU 1 - Malcolm E                        | Cockeysville    | MD | 21030 Baltimore County       | DHMH: DDA  | F  | 15 | 21 | 3  |
| REM Maryland - ALU 1 - Malcolm J                        | Cockeysville    | MD | 21030 Baltimore County       | DHMH: DDA  | M  | 14 | 18 | 3  |
| REM Maryland - ALU 1 - Maxwellton                       | Catonsville     | MD | 21228 Baltimore County       | DHMH: DDA  | M  | 14 | 18 | 3  |
| REM Maryland - ALU 1 - Perryhurst                       | Nottingham      | MD | 21228 Baltimore County       | DHMH: DDA  | M  | 16 | 20 | 2  |
| REM Maryland - ALU 1 - Rockridge                        | Pikesville      | MD | 21208 Baltimore County       | DHMH: DDA  | M  | 14 | 18 | 3  |
| REM Maryland - ALU 1 - Smithwood A                      | Catonsville     | MD | 21221 Baltimore County       | DHMH: DDA  | F  | 17 | 21 | 3  |
| REM Maryland - ALU 1 - Sue Creek                        | Essex           | MD | 21221 Baltimore County       | DHMH: DDA  | M  | 20 | 21 | 2  |
| REM Maryland - GHS 4 - Sheerock                         | Columbia        | MD | 21045 Howard County          | DHMH: DDA  | M  | 15 | 21 | 4  |
| Residential Program - 3300 Gaither Road - Baltimore     | Baltimore       | MD | 21244 Baltimore County       | DHR        | MF | 9  | 21 | 85 |
| Rolling Vista Place Group Home                          | Baltimore       | MD | 21218 Baltimore City         | DHR        | F  | 13 | 17 | 8  |
| Safe Haven Shelter                                      | Pasadena        | MD | 21122 Anne Arundel County    | DHR        | MF | 9  | 18 | 6  |
| Safe Healing House                                      | Baltimore       | MD | 21207 Baltimore County       | DHR        | M  | 15 | 19 | 10 |
| Safe Healing House                                      | Baltimore       | MD | 21215 Baltimore City         | DHR        | M  | 19 | 21 | 5  |
| Salem Group Home  | Frostburg       | MD | 21532 Garrett County         | DHR        | MF | 6  | 18 | 32 |
| Salisbury Boys Home                                     | Salisbury       | MD | 21804 Wicomico County        | DJS        | M  | 11 | 18 | 8  |
| San Domingo Special Care                                | Mardela Springs | MD | 21837 Wicomico County        | DHMH: OHCQ | F  | 11 | 18 | 4  |
| Sarah's House 1   | Baltimore       | MD | 21217 Baltimore City         | DHR        | M  | 15 | 18 | 5  |

|  |                 |    |                              |              |    |    |     |    |
|--|-----------------|----|------------------------------|--------------|----|----|-----|----|
| Sarah's House II   | Baltimore       | MD | 21217 Baltimore City         | DHR          | M  | 18 | 21  | 5  |
| Second Chance Services Unlimited, Inc.                         | Bowie           | MD | 20716 Prince George's County | DHMH: DDA    | M  | 16 | 20  | 5  |
| Second Chance Services Unlimited, Inc.                         | Springdale      | MD | 20774 Prince George's County | DHMH: DDA    | M  | 14 | 18  | 5  |
| Second Chance Services Unlimited, Inc.                         | Bowie           | MD | 20716 Prince George's County | DHMH: DDA    | M  | 10 | 14  | 5  |
| Second Chance Services Unlimited, Inc.                         | Bowie           | MD | 20716 Prince George's County | DHMH: DDA    | MF | 2  | 6   | 4  |
| Second Chance Services Unlimited, Inc.                         | Bowie           | MD | 20716 Prince George's County | DHMH: DDA    | F  | 14 | 18  | 5  |
| Second Chance Services Unlimited, Inc.                         | Bowie           | MD | 20716 Prince George's County | DHMH: DDA    | M  | 14 | 17  | 4  |
| Second Chance Services Unlimited, Inc.                         | Bowie           | MD | 20716 Prince George's County | DHMH: DDA    | MF | 14 | 18  | 5  |
| Second Chance Services Unlimited, Inc.                         | Bowie           | MD | 20716 Prince George's County | DHMH: DDA    | M  | 14 | 18  | 4  |
| Second Chance Services Unlimited, Inc.                         | Capitol Heights | MD | 20743 Prince George's County | DHMH: DDA    | MF | 0  | 21  | 5  |
| Second Family, Inc. - Medically Fragile Program - 1008         | Capitol Heights | MD | 20743 Prince George's County | DHMH: DDA    | M  | 4  | 13  | 6  |
| Second Family, Inc. Developmental Disability Program - 1006    | Capitol Heights | MD | 20743 Prince George's County | DHMH: DDA    | F  | 3  | 14  | 5  |
| Second Family, Inc. Developmental Disability Program - 1009    | Capitol Heights | MD | 20743 Prince George's County | DHMH: DDA    | MF | 0  | 21  | 3  |
| Second Family, Inc. Medically Fragile Program - 1010           | Capitol Heights | MD | 20743 Prince George's County | DHMH: DDA    | MF | 0  | 21  | 3  |
| Second Family, Inc. Medically Fragile Program - 1015           | Capitol Heights | MD | 20743 Prince George's County | DHMH: DDA    | MF | 0  | 21  | 3  |
| Second Generations   | Baltimore       | MD | 21212 Baltimore City         | DHR          | F  | 16 | 21  | 12 |
| Secure Care Services, Inc.                                     | Laurel          | MD | 20723 Howard County          | DHMH: DDA    |    |    |     | 4  |
| Self Pride   | Baltimore       | MD | 21206 Baltimore City         | DHR          | M  | 15 | 18  | 5  |
| Sheppard Pratt Health System - The Overlook                    | Baltimore       | MD | 21285 Baltimore County       | DHR          | MF | 12 | 21  | 8  |
| Sheppard Pratt Respite   | Baltimore       | MD | 21204 Baltimore City         | DHR          | MF | 12 | 19  | 34 |
| Shiningtree Children's Home                                    | Hagerstown      | MD | 21742 Washington County      | DHR          | M  | 7  | 16  | 14 |
| Shorehaven, Inc.   | Chesapeake City | MD | 21915 Cecil County           | DHMH: DDA    | M  | 13 | 21  | 6  |
| Shorehaven, Inc.   | Chesapeake City | MD | 21915 Cecil County           | DHMH: DDA    | M  | 13 | 21  | 5  |
| Shorehaven, Inc.   | Chesapeake City | MD | 21915 Cecil County           | DHMH: DDA    | M  | 13 | 21  | 5  |
| Shorehaven, Inc.   | Elkton          | MD | 21921 Cecil County           | DHMH: DDA    | F  | 6  | 21  | 5  |
| Shorehaven, Inc.   | Elkton          | MD | 21921 Cecil County           | DHMH: DDA    | F  | 6  | 16  | 5  |
| Shorehaven, Inc.   | Elkton          | MD | 21921 Cecil County           | DHMH: DDA    | F  | 13 | 21  | 5  |
| Shorehaven, Inc.   | Elkton          | MD | 21921 Cecil County           | DHMH: DDA    | F  | 13 | 21  | 5  |
| St. Ann's Residential Children's Program                       | Hyattsville     | MD | 21921 Cecil County           | DHMH: DDA    | F  | 13 | 21  | 5  |
| St. Ann's Residential Prenatal Program                         | Hyattsville     | MD | 20782 Prince George's County | DHR          | MF | 0  | 12  | 57 |
| St. Ann's Residential Teen Mother/Baby Program                 | Hyattsville     | MD | 20782 Prince George's County | DHR          | F  | 13 | 18  | 52 |
| St. Vincent's Child Care Center                                | Timonium        | MD | 20782 Prince George's County | DHR          | F  | 15 | 18  | 52 |
| Starflight - Brigadoon   | Baltimore       | MD | 21093 Baltimore County       | DHR          | MF | 3  | 13  | 70 |
| Starflight - Hanna   | Baltimore       | MD | 21244 Baltimore County       | DHR          | MF | 14 | 20  | 4  |
| Starflight - Quiet Hours                                       | Columbia        | MD | 21244 Baltimore County       | DHR          | MF | 14 | 20  | 5  |
| Starflight Enterprises, Inc.                                   | Baltimore       | MD | 21045 Howard County          | DHR          | MF | 14 | 20  | 6  |
| Starflight Enterprises, Inc.                                   | Baltimore       | MD | 21215 Baltimore County       | DHR          | MF | 14 | 20  | 6  |
| Starflight iii   | Baltimore       | MD | 21244 Baltimore County       | DHR          | MF | 14 | 20  | 4  |
| Starflight iv  | Baltimore       | MD | 21207 Baltimore County       | DHR          | MF | 14 | 20  | 5  |
| Starflight ix  | Pikesville      | MD | 21244 Baltimore County       | DHR          | MF | 14 | 20  | 6  |
| Starflight v   | Baltimore       | MD | 21208 Baltimore County       | DHR          | MF | 14 | 20  | 4  |
| Stars Group Home   | Baltimore       | MD | 21215 Baltimore City         | DHR          | MF | 14 | 20  | 4  |
| Stone Bridge Transitional Care Home-Brook Lane Health Services | Baltimore       | MD | 21207 Baltimore City         | DHR          | M  | 13 | 17  | 6  |
| Structures Youth Home - Boys                                   | Hagerstown      | MD | 21742 Washington County      | DHR          | MF | 6  | 17  | 27 |
| Structures Youth Home - Girls                                  | Newburg         | MD | 20664 Charles County         | DHR          | M  | 11 | 18  | 8  |
| Sykesville Girl's Shelter                                      | Newburg         | MD | 20623 Charles County         | DHR          | F  | 11 | 18  | 7  |
| T.I.M.E. Organization  | Sykesville      | MD | 21784 Carroll County         | DJS          | F  | 12 | 18  | 10 |
| Tarkio Academy - Choices                                       | Baltimore       | MD | 21229 Baltimore City         | DHR          | M  | 14 | 18  | 4  |
| The Arc of Anne Arundel County                                 | Tarkio          | MO | 64431 Out Of State           | Out-of-State | MF | 0  | 120 |    |
| The Arc of Anne Arundel County                                 | Linthicum       | MD | 21090 Anne Arundel County    | DHMH: DDA    | M  | 15 | 19  | 3  |
| The Arc of Anne Arundel County                                 | Linthicum       | MD | 21090 Anne Arundel County    | DHMH: DDA    | MF | 14 | 20  | 3  |
| The Arc of Anne Arundel County                                 | Pasadena        | MD | 21122 Anne Arundel County    | DHMH: DDA    | M  | 15 | 19  | 3  |



|  |                  |    |                              |            |    |    |    |      |
|--|------------------|----|------------------------------|------------|----|----|----|------|
| The Arrow Project Diagnostic Center                                    | Baltimore        | MD | 21234 Baltimore County       | DHR        | MF | 12 | 18 | 46   |
| The Arrow Project Transitional Living Program                          | Bel Air          | MD | 21015 Harford County         | DHR        | F  | 13 | 21 | 18   |
| The Brotherhood and Sisterhood International, Inc. (The Developmental) | Silver Spring    | MD | 20902 Montgomery County      | DHMH: DDA  | F  | 16 | 20 | 3    |
| The Children's Guild- Therapeutic Group Homes (Debuskey House)         | Baltimore        | MD | 21215 Baltimore City         | DHMH: OHCQ | M  | 12 | 18 | 8    |
| The Children's Guild- Therapeutic Group Homes (Harford House)          | Baltimore        | MD | 21215 Baltimore City         | DHMH: OHCQ | F  | 12 | 18 | 8    |
| The Children's Guild- Therapeutic Group Homes (Kanner House)           | Baltimore        | MD | 21215 Baltimore City         | DHMH: OHCQ | M  | 12 | 18 | 8    |
| The Children's Home, Inc. - Group Home, Large                          | Baltimore        | MD | 21228 Baltimore County       | DHR        | MF | 8  | 20 | 48   |
| The Children's Home, Inc. - Shelter Care 60 Day                        | Catonsville      | MD | 21228 Baltimore County       | DHR        | F  | 9  | 13 | 8    |
| The Children's Home, Inc. - Transitional Living Program                | Catonsville      | MD | 21228 Baltimore County       | DHR        | M  | 12 | 14 | 8    |
| The Graff Shelter (The Dr. Henry F. and Florence Hill Graff Shelter)   | Boonsboro        | MD | 21713 Washington County      | DJS        | F  | 12 | 18 | 12   |
| The Larrabee House Girls Residential Group Home                        | Chesterstown     | MD | 21620 Queen Anne's County    | DJS        | F  | 14 | 17 | 8    |
| The Place for Children I   | Owings           | MD | 21117 Baltimore County       | DHR        | MF | 6  | 11 | 3    |
| The Salem Shelter  | Frostburg        | MD | 21532 Garrett County         | DHR        | MF | 6  | 18 | 8    |
| The San Mar Group Home for Girls                                       | Boonsboro        | MD | 21713 Washington County      | DHR        | F  | 13 | 18 | 21   |
| The Way Home   | Baltimore        | MD | 21229 Baltimore City         | DJS        | F  | 14 | 18 | 17   |
| Thomas B. O'Farrell Youth Center                                       | Marriottsville   | MD | 21104 Carroll County         | DJS        | M  | 13 | 18 | 43   |
| Transformations, Inc.  | Baltimore        | MD | 21216 Baltimore City         | DHR        | M  | 14 | 18 | 10   |
| TRIAD TGH  | Prince Frederick | MD | 20622 Calvert County         | DHMH: OHCQ | M  | 12 | 17 | 8    |
| Trimir Home for Children & families                                    | Lanham           | MD | 20706 Prince George's County | DHR        | M  | 14 | 18 | 6    |
| Trimir Home for Children and Families II                               | Lanham           | MD | 20706 Prince George's County | DHR        | M  | 14 | 17 | 7    |
| Trinity Youth Services   | Upper Marlboro   | MD | 20774 Prince George's County | DHR        | M  | 13 | 17 | 6    |
| Trivisions Group Home  | Temple           | MD | 20748 Prince George's County | DHR        | F  | 13 | 17 | 7    |
| TuTtie's Place 4   | Baltimore        | MD | 21207 Baltimore City         | DHR        | M  | 12 | 16 | 6    |
| TuTtie's Place1  | Baltimore        | MD | 21216 Baltimore City         | DHR        | M  | 12 | 16 | 6    |
| TuTtie's Place2  | Baltimore        | MD | 21207 Baltimore City         | DHR        | M  | 12 | 16 | 9    |
| TuTtie's Place3  | Baltimore        | MD | 21207 Baltimore City         | DHR        | M  | 8  | 13 | 5    |
| United Alternative Care  | Takoma Park      | MD | 20912 Montgomery County      | DHMH: DDA  | F  | 10 | 17 | 5    |
| United Alternative Care Assoc., Inc.                                   | Calverton        | MD | 20705 Prince George's County | DHMH: DDA  | M  | 11 | 17 | 5    |
| United States Fellowship Inc./Eastern Point Shelter                    | Annapolis        | MD | 21401 Anne Arundel County    | DHR        | MF | 11 | 17 | 11   |
| United States Fellowship Inc./Oak Hill House                           | Clear Spring     | MD | 21722 Washington County      | DHR        | M  | 14 | 18 | 14   |
| United States Fellowship, Inc./Eastern Point Group Home                | Annapolis        | MD | 21401 Anne Arundel County    | DHR        | MF | 12 | 21 | 12   |
| Villa Maria Continuum Therapeutic Group Home                           | Catonsville      | MD | 21228 Baltimore County       | DHMH: OHCQ | M  | 9  | 14 | 6    |
| VisionQuest Morning Star Youth Academy                                 | Woolford         | MD | 21677 Dorchester County      | DJS        | M  | 14 | 18 | 52   |
| W.E. Youth Services  | Baltimore        | MD | 21221 Baltimore City         | DHR        | F  | 13 | 16 | 5    |
| Way Station  | Frederick        | MD | 21705 Frederick County       | DHR        | MF | 11 | 17 | 8    |
| Wetpquin Ranch   | Quantico         | MD | 21856 Wicomico County        | DHMH: OHCQ | M  | 7  | 15 | 4    |
| Where Angels Tread   | Upper            | MD | 20772 Prince George's County | DHR        | F  | 14 | 17 | 8    |
| Williams Life Center Group Home 1                                      | Forestville      | MD | 20747 Prince George's County | DHR        | M  | 12 | 17 | 8    |
| Williams Life Center Group Home II                                     | Temple Hill      | MD | 20748 Prince George's County | DHR        | M  | 12 | 17 | 8    |
| Woodbourne Bridges   | Baltimore        | MD | 21231 Baltimore City         | DHR        | MF | 8  | 16 | 13   |
| Woodbourne Children's Diagnostic Treatment Center                      | Baltimore        | MD | 21231 Baltimore City         | DHR        | MF | 8  | 16 | 50   |
| Woolford House - 178 Cherrydell Road                                   | Baltimore        | MD | 21228 Baltimore County       | DHR        | MF | 6  | 16 | 3    |
| Woolford House - 34 Winslow Park Drive                                 | Baltimore        | MD | 21228 Baltimore County       | DHR        | MF | 6  | 16 | 3    |
| Woolford House - 3910 Queens Lace Street                               | Baltimore        | MD | 21208 Baltimore County       | DHR        | MF | 6  | 16 | 3    |
| Woolford House - 9000 Samoset Road                                     | Randallstown     | MD | 21133 Baltimore County       | DHR        | MF | 6  | 16 | 3    |
| Youth Progressive Network, Inc.  | Baltimore        | MD | 21216 Baltimore City         | DHR        | F  | 13 | 16 | 4    |
| Youth Vision Services, Inc   | Lanham           | MD | 20706 Prince George's County | DHR        | M  | 13 | 18 | 6    |
| YOUTH OWN USA  | Brooklyn         | MD | 21225 Anne Arundel County    | DHR        | M  | 13 | 16 | 4    |
| YOUTH OWN USA 2  | Brooklyn         | MD | 21225 Anne Arundel County    | DHR        | M  | 13 | 16 | 5    |
|  |                  |    |                              |            |    |    |    | 2992 |





# Department of Human Resources Maryland's Human Service Agency

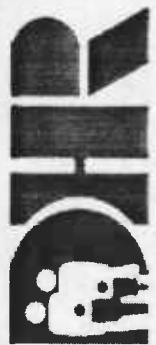
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Brenda Donald, Secretary  
Presentation for the  
Task Force to Study Group Home  
and  
Education Practices  
September 17, 2007



## Assessing Our Group Home Services and Needs

- July and August - Conducted point in time census surveys of group home providers.
- Currently analyzing data to determine:
  - Degree of cross-jurisdictional placements
  - Degree of co-mingling-
    - by placing agencies
    - of younger children and older children



## Group Home Capacity

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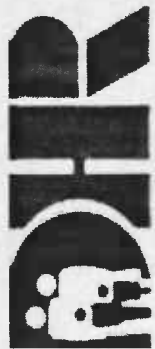
- 201 providers licensed by DHR
- 2,025 DHR license capacity statewide

### **GREATEST CONCENTRATION**

|                 |    |
|-----------------|----|
| Baltimore City  | 69 |
| Baltimore       | 51 |
| Prince George's | 28 |
| Montgomery      | 13 |
| Washington      | 13 |

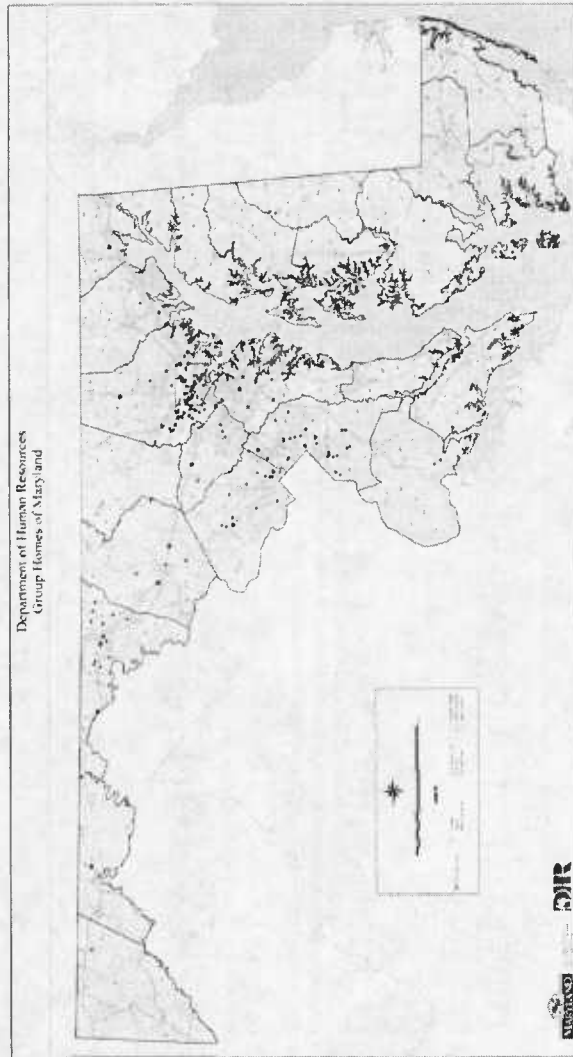
### **NO DHR GROUP HOMES**

|            |              |
|------------|--------------|
| Allegany   | Queen Anne's |
| Calvert    | Somerset     |
| Carroll    | Talbot       |
| Cecil      | Wicomico     |
| Dorchester | Worcester    |
| Kent       |              |



## Group Homes Statewide

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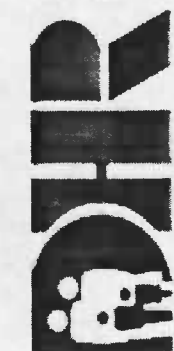


## Policy Actions

### “Stop and Think”

- Issued interim protocols for group home expansion requests.
- Established procedures for non-emergency group home closures and removal of children.
- Established policy guidelines on placement of children in co-mingled facilities.





## “Place Matters”

---

Nothing matters more than a place to call home.

- Redesigning the continuum of services - Shifting resources from “back end” to “front end” of system where appropriate.

### **Key Principles:**

- Focus on prevention
- Keeping children in their communities
- Placing children in families first
- Minimizing length of stay





## “Place Matters” - Strategies

---

- More in-home services
- Strategic foster family recruitment
- Increased resource support for foster families
- Family centered practice
- Enhanced adoption and guardianship efforts

**Department of Human Resources  
Office of Licensing and Monitoring**

**Residential Child Care Programs by Jurisdiction  
Licensed by DHR**

**Last Updated: August 15, 2007**

# Residential Child Care Providers by Jurisdiction

|   | Allegany County | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|---|-----------------|-------------|--------|------------------|--------------|--------------|
| 0 | NONE reported   |             |        |                  |              |              |

Allegany County Total: 0

|   | Anne Arundel County                         | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|---|---|-------------|--------|------------------|--------------|--------------|
| 1 | Adventist Behavioral Health Care            | 13-18       | M      | 18               | Yes          | No           |
| 2 | Board of Child Care - Pasadena/ Safe Haven  | 9-18        | M/F    | 6                | Yes          | No           |
| 3 | Della's House of Angels I                   | 15-19       | F      | 3                | Yes          | No           |
| 4 | Della's House of Angels II                  | 15-19       | F      | 4                | Yes          | No           |
| 5 | Great Esteem. Inc.                          | 14-17       | F      | 8                | Yes          | No           |
| 6 | U. S. Fellowship - Eastern Point Group Home | 12-21       | M/F    | 12               | Yes          | Yes          |
| 7 | U. S. Fellowship - Eastern Point Shelter    | 11-17       | M/F    | 11               | Yes          | Yes          |
| 8 | Youthtown USA I                             | 13-16       | M      | 4                | No           | No           |
| 9 | Youthtown USA II                            | 13-16       | M      | 5                | No           | No           |

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Anne Arundel County Total: 9

|    | Baltimore City                             | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|----|--|-------------|--------|------------------|--------------|--------------|
| 1  | AKOMA, Inc.                                | 14-17       | M      | 6                | Yes          | No           |
| 2  | A New World Inc.                           | 13-17       | F      | 6                | Yes          | No           |
| 3  | Aries Residential Services                 | 13-17       | M      | 6                | Yes          | No           |
| 4  | Associated Catholic Charities -Chara House | 0-3         | M/F    | 8                | Yes          | Yes          |
| 5  | AT&T Counseling Services, Inc.             | 14-18       | M      | 11               | Yes          | No           |
| 6  | Aunt Hattie's Place- Maine Ave.            | 9-17        | M      | 12               | Yes          | Yes          |
| 7  | Bert's Place                               | 15-18       | M      | 5                | Yes          | No           |
| 8  | Boys Home Society Long Term                | 8-13        | M      | 18               | Yes          | Yes          |
| 9  | Care With Class Apt A-3                    | 15-19       | M      | 3                | Yes          | No           |
| 10 | Care With Class Apt B-2                    | 15-19       | M      | 3                | Yes          | No           |

RCC Providers by Jurisdiction

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Updated August 15, 2007

|    |                                       |           |                |     |     |     |
|----|---------------------------------------|-----------|----------------|-----|-----|-----|
| 11 | Changing Lives at Home                | 14-18     | F              | 5   | Yes | No  |
| 12 | CHEO Group Home - Shirley Ave.        | 16-21     | M              | 12  | Yes | No  |
| 13 | Compassion                            | 14-17     | M              | 4   | Yes | No  |
| 14 | Daisyfields Foundation Inc. I         | Birth - 2 | M/F            | 6   | Yes | Yes |
| 15 | Daisyfields Foundation Inc. II        | Birth - 2 | M/F            | 4   | Yes | Yes |
| 16 | Day By Day Residential Services, Inc. | 13-17     | M              | 6   | Yes | No  |
| 17 | Devine Intervention                   | 14-17     | M              | 5   | Yes | No  |
| 18 | Dreamkeepers                          | 15-21     | M              | 4   | Yes | No  |
| 19 | Fellowship of Lights - Harris House   | 12-17     | M              | 9   | Yes | No  |
| 20 | Fellowship of Lights - Peggy's Place  | 12-17     | F              | 10  | Yes | No  |
| 21 | Florence Crittenton                   | 13-20     | F/W<br>Infants | 38  | Yes | Yes |
| 22 | Franklin Homes - Rosemont Ave.        | 10-14     | M              | 5   | Yes | No  |
| 23 | Goliven Group Home                    | 13-17     | M              | 6   | No  | No  |
| 24 | Her Place, Inc.                       | 12-15     | F              | 4   | Yes | No  |
| 25 | Ideal Family Residential Services     | 13-17     | M              | 6   | No  | No  |
| 26 | Inclusive Residential                 | 13-17     | M              | 6   | Yes | No  |
| 27 | Inspiring Minds                       | 12-16     | F              | 4   | Yes | No  |
| 28 | Jentry McDonald - Stonewood           | 5-12      | M/F            | 5   | Yes | No  |
| 29 | Jentry McDonald - Pentwood            | 15-18     | M              | 5   | Yes | No  |
| 30 | Jentry McDonald, Gwynn Falls          | 10-13     | F              | 4   | Yes | No  |
| 31 | Jentry McDonald, McCulloh             | 5-12      | M/F            | 15  | Yes | No  |
| 32 | Jumoke - Eversham Ave.                | 15-17     | M              | 4   | Yes | No  |
| 33 | Jumoke - Gwynn Ave.                   | 10-13     | M              | 5   | Yes | No  |
| 34 | Jumoke - 33rd Street                  | 13-16     | M              | 6   | Yes | No  |
| 35 | Lazarus House                         | 13-17     | M              | 5   | Yes | No  |
| 36 | Martha's Place                        | 11-15     | M              | 8   | No  | No  |
| 37 | Mc Joy's Joy                          | 15-18     | M              | 8   | Yes | No  |
| 38 | MD School for the Blind               | 0-20      | M/F            | 200 | No  | No  |
| 39 | Mom-Mom Place Inc.                    | 13-17     | F              | 6   | Yes | No  |
| 40 | Mumsey Residential Care               | 16-20     | M              | 5   | Yes | Yes |
| 41 | NCIA - Burnwood                       | 17-21     | M              | 3   | Yes | No  |
| 42 | NCIA - Eldorado                       | 13-21     | M              | 4   | Yes | No  |
| 43 | NCIA - 1713Hartsdale                  | 17-21     | M              | 4   | Yes | No  |
| 44 | NCIA - 1715 Hartsdale                 | 14-17     | M              | 4   | Yes | No  |
| 45 | NCIA - Stonewood                      | 14-17     | M              | 3   | Yes | No  |

|    |   |         |     |    |     |     |
|----|---|---------|-----|----|-----|-----|
| 46 | North American Family Institute- Jane Egenton       | 13-21   | F   | 12 | Yes | Yes |
| 47 | Oblate Sisters of Providence (Mary Elizabeth Lange) | 8-15    | F   | 24 | Yes | No  |
| 48 | Offsprings – Lacy Brown Home                        | 12-17   | F   | 6  | Yes | Yes |
| 49 | Reformation Group Home                              | 14-18   | M   | 6  | No  | No  |
| 50 | Rolling Vista Place                                 | 13-17   | F   | 8  | Yes | No  |
| 51 | Safe Healing House, Frankford                       | 15-21   | M   | 5  | Yes | Yes |
| 52 | Sarah House I                                       | 15-18   | M   | 5  | Yes | Yes |
| 53 | Sarah House II (Youth without contract reported)    | 18 – 21 | M   | 5  | No  | Yes |
| 54 | Self Pride  | 15-18   | M   | 5  | Yes | No  |
| 55 | Starflight – Boarman Avenue                         | 14-17   | M   | 4  | Yes | No  |
| 56 | Starflight – Clarks Lane                            | 14-20   | F   | 6  | Yes | No  |
| 57 | Starrs Group Home, Inc.                             | 13 – 17 | M   | 6  | No  | No  |
| 58 | The T.I.M.E. Organization                           | 14-18   | M   | 4  | No  | No  |
| 59 | Transformations                                     | 14-18   | M   | 10 | Yes | No  |
| 60 | Tuttie's Place- Chelsea                             | 12-16   | M   | 6  | Yes | Yes |
| 61 | Tuttie's Place - Marmon                             | 12-16   | M   | 9  | Yes | Yes |
| 62 | Tuttie's Place – 5317 Belleville                    | 8-13    | M   | 5  | Yes | Yes |
| 63 | Tuttie's Place – 5319 Belleville                    | 12-16   | M   | 6  | Yes | Yes |
| 64 | W.E. Youth Services, Inc                            | 13-16   | F   | 5  | Yes | Yes |
| 65 | We Are The World                                    | 12-15   | M   | 6  | No  | No  |
| 66 | Woodbourne – CDTC                                   | 8-16    | M/F | 50 | Yes | No  |
| 67 | Woodbourne – Bridges                                | 8-16    | M/F | 13 | Yes | No  |
| 68 | Youth Enterprises - Gwynn Oak                       | 14-18   | M   | 8  | No  | No  |
| 69 | Youth Progressive Network                           | 13-16   | F   | 4  | Yes | No  |

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Baltimore City Total: 69

|   | Baltimore County                              | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|---|---|-------------|--------|------------------|--------------|--------------|
| 1 | Arrow DiagNostic Center                       | 12-18       | M/F    | 45               | Yes          | Yes          |
| 2 | Associated Catholic Charities – St. Vincent's | 3-13        | M/F    | 70               | Yes          | Yes          |
| 3 | Aunt Hattie's Place                           | 14-18       | M      | 6                | Yes          | Yes          |
| 4 | Board of Child Care - Gaither Group           | 9-21        | M/F    | 85               | Yes          | Yes          |
| b | Board of Child Care - Gaither Shelter         | 9-18        | M/F    | 24               | Yes          | Yes          |
| 5 | Board of Child Care - Nicodemus               | 15-20       | F      | 5                | Yes          | Yes          |
| 6 | Board of Child Care – Rolling Road            | 15-20       | F      | 4                | Yes          | Yes          |

RCC Providers by Jurisdiction

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|    |   |       |           |          |     |     |
|----|---|-------|-----------|----------|-----|-----|
| 7  | CrrEO – Willen Oak                          | 14-17 | M         | 7        | Yes | No  |
| 8  | CHEO – Golden Ring                          | 10-15 | M         | 5        | Yes | No  |
| 9  | Franklin Homes – Lorraine                   | 15-18 | M         | 5        | Yes | No  |
| 10 | Franklin Homes – Offut                      | 15-18 | M         | 5        | Yes | No  |
| 11 | Franklin Homes – Wild Cherry                | 10-14 | M         | 5        | Yes | No  |
| 12 | Graceville – Foxcroft                       | 12-16 | M         | 4        | Yes | No  |
| 13 | Graceville – Middleborough                  | 12-16 | M         | 4        | Yes | No  |
| 14 | Inner County Outreach – Overlea (Baltimore) | 13-18 | M         | 6        | Yes | No  |
| 15 | M.A.G.I.C. – Walden Pine                    | 11-18 | F         | 4        | Yes | No  |
| 16 | M.A.G.I.C. – Purnell                        | 11-18 | F         | 5        | Yes | No  |
| 17 | M.A.G.I.C. – Walden Oak                     | 11-18 | F         | 4        | Yes | No  |
| 18 | Marlene B. Vinson – Home of New Beginnings  | 12-18 | F         | 12       | Yes | Yes |
| 19 | Marlene B. Vinson Teen Mother               | 16-21 | F/Infants | 4F/4Inf. | Yes | Yes |
| 20 | NCIA – 725 Milford Mill                     | 17-21 | M         | 4        | Yes | Yes |
| 21 | NCIA – 727 Millford Mill                    | 17-21 | M         | 4        | Yes | Yes |
| 22 | NCIA – Battersea                            | 16-20 | F         | 3        | Yes | Yes |
| 23 | NCIA – Brigadoon                            | 17-21 | M         | 4        | Yes | Yes |
| 24 | NCIA – Charles                              | 14-17 | F         | 4        | Yes | No  |
| 25 | NCIA – Innersdale                           | 13-21 | M         | 3        | Yes | Yes |
| 26 | NCIA – Shoshoney                            | 17-21 | M         | 4        | Yes | Yes |
| 27 | NCIA – Woodlawn Dr.                         | 16-21 | M         | 3        | Yes | Yes |
| 28 | Place for Children – 1326 Greenwood Rd.     | 13-16 | F         | 4        | Yes | No  |
| 29 | Place for Children – 3655 Hillmar Rd.       | 8-12  | F         | 3        | Yes | No  |
| 30 | Place for Children – 3670 Hillmar Rd.       | 12-15 | M         | 3        | Yes | No  |
| 31 | Place for Children – Church Lane            | 8-11  | M         | 3        | Yes | No  |
| 32 | Place for Children – Vosges Rd.             | 12-15 | F         | 4        | Yes | No  |
| 33 | Place for Children – 1328 Greenwood Rd.     | 9-12  | F         | 4        | Yes | No  |
| 34 | Place for Children – Ingham Rd.             | 9-14  | F         | 4        | Yes | No  |
| 35 | Place for Children – Painted Post Rd.       | 12-15 | F         | 3        | Yes | No  |
| 36 | Safe Healing House – Clifton                | 15-19 | M         | 10       | Yes | Yes |
| 37 | Sheppard Pratt – Overlook                   | 14-18 | M/F       | 8        | No  | Yes |
| 38 | Sheppard Pratt – I                          | 11-21 | M/F       | 34       | Yes | Yes |
| 39 | Starflight – Brigadoon                      | 14-20 | M         | 4        | Yes | No  |
| 40 | Starflight – Canwick                        | 14-20 | M         | 4        | Yes | No  |
| 41 | Starflight – Hanna                          | 14-20 | F         | 5        | Yes | No  |
| 42 | Starflight – Meadows                        | 14-20 | F         | 5        | Yes | Yes |



|    |                                     |  |       |     |    |     |     |
|----|-------------------------------------|--|-------|-----|----|-----|-----|
| 43 | Starflight - Rocky Brook            |  | 14-20 | M   | 4  | Yes | Yes |
| 44 | Starflight - Silver Creek           |  | 14-20 | M   | 6  | Yes | Yes |
| 45 | The Children's Home - group         |  | 8-21  | M/F | 48 | Yes | Yes |
| b  | The Children's Home - shelter       |  | 13-17 | F   | 8  | Yes | Yes |
| 46 | The Children's Home - transitional  |  | 12-14 | M   | 8  | Yes | Yes |
| 47 | Woolford House - Samoset            |  | 6-14  | M/F | 3  | Yes | Yes |
| 48 | Woolford House - Cherrydell         |  | 6-16  | M/F | 3  | Yes | Yes |
| 49 | Woolford House - Winslow Park       |  | 6-16  | M/F | 3  | Yes | Yes |
| 50 | Woolford House -Queens lace         |  | 6-14  | M/F | 3  | Yes | Yes |
| 51 | Youth Enterprises Services -Lincoln |  | 15-18 | M   | 4  | Yes | Yes |

530

Baltimore County Total: 51

|   |                |  |             |        |                  |              |              |
|---|----------------|--|-------------|--------|------------------|--------------|--------------|
|   | Calvert County |  | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
| 0 | NONE reported  |  |             |        |                  |              |              |

Calvert County Total: 0

|   |                                |  |             |        |                  |              |              |
|---|--------------------------------|--|-------------|--------|------------------|--------------|--------------|
|   | Caroline County                |  | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
| 1 | Benedictine School Lane        |  | 5-21        | M/F    | Unlimited        | Yes          | No           |
| 2 | Benedictine - Friendship House |  | 5-21        | M      | 5                | Yes          | No           |

5

Caroline County Total: 2

|   |                |  |             |        |                  |              |              |
|---|----------------|--|-------------|--------|------------------|--------------|--------------|
|   | Carroll County |  | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
| 0 | NONE reported  |  |             |        |                  |              |              |

Carroll County Total: 0

|   |               |  |             |        |                  |              |              |
|---|---------------|--|-------------|--------|------------------|--------------|--------------|
|   | Cecil County  |  | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
| 0 | NONE reported |  |             |        |                  |              |              |

RCC Providers by Jurisdiction

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Updated August 15, 2007

Cecil County Total: 0

| Charles County |                               | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|----------------|-------------------------------|-------------|--------|------------------|--------------|--------------|
| 1              | Structures Youth Home – Boys  | 14 – 18     | M      | 8                | Yes          | Yes          |
| 2              | Structures Youth Home – Girls | 14 – 18     | F      | 7                | Yes          | Yes          |

15

Charles County Total: 2

| Dorchester County |               | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|-------------------|---------------|-------------|--------|------------------|--------------|--------------|
| 0                 | NONE reported |             |        |                  |              |              |

Dorchester County Total: 0

| Frederick County |                                | Ages Served | Gender | License Capacity | DHR Contract   | DJS Contract |
|------------------|--------------------------------|-------------|--------|------------------|----------------|--------------|
| 1                | Board of Child Care - Liberty  | 9-18        | M      | 6                | Yes            | No           |
| 2                | MD School for Deaf – Frederick | 4-21        | M/F    | Unlimited        | Not DHR funded | N/A          |
| 3                | Maryland Sheriffs' Youth Ranch | 10-18       | M      | 28               | Yes            | Yes          |
| 4                | Way Station – Camp Journey     | 11-17       | M/F    | 8                | No             | No           |

42

Frederick County Total: 4

| Garrett County |  | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|----------------|--|-------------|--------|------------------|--------------|--------------|
| 1              | Maryland Salem Children's Trust Cottages | 6-18        | M/F    | 24               | Yes          | Yes          |
| 2              | Maryland Salem Children's Trust Shelter  | 6-18        | M/F    | 8                | Yes          | Yes          |

32

Garrett County Total: 2

| Harford County |                                | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|----------------|--------------------------------|-------------|--------|------------------|--------------|--------------|
| 1              | Arrow Transitional Living Ctr. | 13 – 21     | F      | 18               | Yes          | Yes          |

|   |                                  |       |   |   |     |    |
|---|----------------------------------|-------|---|---|-----|----|
| 2 | Inner County Outreach - Edgewood | 13-18 | M | 6 | Yes | No |
|---|----------------------------------|-------|---|---|-----|----|

24

Harford County Total: 2

|   | Howard County                   | Ages Served | Gender | License Capacity | DHR Contract   | DJS Contract |
|---|---------------------------------|-------------|--------|------------------|----------------|--------------|
| 1 | Clinton Home for Children       | 7-12        | M      | 4                | Yes            | Yes          |
| 2 | Linwood Center -Martha Bush     | 4-21        | M/F    | 20               | Not DHR funded | No           |
| 3 | Linwood Center -North Rodgers   | 4-21        | M      | 4                | No             | No           |
| 4 | MD School for the Deaf - Howard | 4-21        | M/F    | Unlimited        | Not DHR funded | N/A          |
| 5 | Premiere House                  | 17-21       | M      | 8                | No             | No           |
| 6 | Starflight - Quiet Hours        | 14 - 20     | F      | 5                | Yes            | No           |

41

Howard County Total: 6

|   | Kent County   | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|---|---------------|-------------|--------|------------------|--------------|--------------|
| 0 | NONE reported |             |        |                  |              |              |

Kent County Total: 0

|    | Montgomery County                              | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|----|--|-------------|--------|------------------|--------------|--------------|
| 1  | B & B Youth Home                               | 12-16       | F      | 4                | Yes          | No           |
| 2  | Board of Child Care - Randolph                 | 7-18        | M/F    | 8                | Yes          | No           |
| 3  | F & N Youth Home                               | 14-16       | M      | 5                | Yes          | No           |
| 4  | Hearts & Homes - Caithness                     | 12-18       | M/F    | 14               | Yes          | Yes          |
| 5  | Hearts & Homes - Helen Smith                   | 13 - 17     | F      | 8                | Yes          | Yes          |
| 6  | Hearts & Homes - John Tracey                   | 13-17       | M      | 8                | Yes          | Yes          |
| 7  | Hearts & Homes - Kemp Mill                     | 13 - 17     | M      | 8                | Yes          | Yes          |
| 8  | Mansion at Focus Point -- KOBA - Silver Spring | 15-20       | F      | 8                | Yes          | Yes          |
| 9  | MS Youth Services - Look Out                   | 11-14       | M      | 6                | Yes          | No           |
| 10 | MS Youth Services - Gunners                    | 15-17       | M      | 4                | Yes          | No           |
| 11 | National Center for Children & Families        | 14-20       | M/F    | 20               | Yes          | Yes          |
| 12 | National Residential Services                  | 14 - 18     | M      | 6                | Yes          | Yes          |

|    |                      |       |   |    |     |     |
|----|----------------------|-------|---|----|-----|-----|
| 13 | Our House Youth Home | 16-21 | M | 16 | Yes | Yes |
|----|----------------------|-------|---|----|-----|-----|

115

Montgomery County Total: 13

|    | Prince George's County                                 | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|----|--|-------------|--------|------------------|--------------|--------------|
| 1  | All That Matters                                       | 14-18       | F      | 8                | Yes          | No           |
| 2  | B & B Youth Home                                       | 14-18       | F      | 6                | Yes          | No           |
| 3  | Bishop Bush Home Care                                  | 13-16       | M      | 4                | Yes          | No           |
| 4  | Boys II Men Youth Program, Inc.                        | 13-16       | M      | 5                | Yes          | No           |
| 5  | For Youth Enterprise, Inc. I                           | 15-17       | M      | 4                | Yes          | No           |
| 6  | For Youth Enterprise, Inc. II                          | 15-17       | M      | 6                | Yes          | No           |
| 7  | Good Children In the Making - Marsha's House of Angels | 14-18       | F      | 7                | Yes          | No           |
| 8  | Hearts & Homes - Langworthy                            | 12-15       | M      | 8                | Yes          | Yes          |
| 9  | LAFU I   | 13-17       | M      | 7                | No           | No           |
| 10 | LAFU II  | 13-17       | M      | 7                | No           | No           |
| 11 | Mansion at Focus Point - KOBA - Oxon Hill              | 15-20       | M      | 8                | Yes          | Yes          |
| 12 | Mansion at Focus Point - KOBA - Clinton                | 13-17       | M      | 8                | Yes          | Yes          |
| 13 | Mansion at Focus Point - KOBA - Ft. Washington         | 15-20       | F      | 8                | Yes          | Yes          |
| 14 | Master Porter  | 13-17       | M      | 5                | No           | No           |
| 15 | Mercy Family   | 14-17       | M      | 6                | No           | No           |
| 16 | My Sister's House                                      | 14-18       | F      | 5                | Yes          | No           |
| 17 | National Residential Services                          | 11-15       | M      | 8                | Yes          | Yes          |
| 18 | National Youth Ministry Alliance - Joyceton            | 14-17       | M      | 3                | Yes          | No           |
| 19 | National Youth Ministry Alliance - 11th St.            | 14-17       | M      | 3                | Yes          | No           |
| 20 | St. Ann's Children                                     | 13-21       | F      | 52               | Yes          | Yes          |
| b  | St. Ann's Infant/ Maternity                            | 0-12        | M/F    | 57               | Yes          | Yes          |
| 21 | Trimir - Westview                                      | 14-18       | M      | 6                | Yes          | Yes          |
| 22 | Trimir - Woodside                                      | 13-17       | M      | 7                | Yes          | Yes          |
| 23 | Trinity Youth Services                                 | 13-17       | M      | 6                | No           | No           |
| 24 | Trivision Group Home                                   | 13-17       | F      | 7                | Yes          | No           |
| 25 | Where Angels Tread                                     | 14-17       | F      | 8                | Yes          | Yes          |
| 26 | Williams Life Center I                                 | 13-17       | M      | 8                | Yes          | Yes          |
| 27 | Williams Life Center II                                | 12-15       | M      | 8                | Yes          | Yes          |
| 28 | Youth Vision   | 13-18       | M      | 6                | Yes          | No           |

|   | Queen Anne's County | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|---|---------------------|-------------|--------|------------------|--------------|--------------|
| 0 | NONE reported       |             |        |                  |              |              |

Queen Anne's County Total: 0

|   | Somerset County | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|---|-----------------|-------------|--------|------------------|--------------|--------------|
| 0 | NONE reported   |             |        |                  |              |              |

Somerset County Total: 0

|   | Talbot County | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|---|---------------|-------------|--------|------------------|--------------|--------------|
| 0 | NONE reported |             |        |                  |              |              |

Talbot County Total: 0

|    | Washington County                             | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
|----|---|-------------|--------|------------------|--------------|--------------|
| 1  | Arc of Washington – Foundations I (Marion)    | 10-17       | F      | 4                | Yes          | No           |
| 2  | Arc of Washington – Foundations II (Potomac)  | 16-21       | M      | 5                | Yes          | No           |
| 3  | Arc of Washington – Harp                      | 10-17       | M      | 4                | Yes          | No           |
| 4  | Arc of Washington – Jefferson (Hamaker)       | 10-17       | M      | 4                | Yes          | No           |
| 5  | Arc of Washington – Potomac                   | 15-21       | F      | 5                | Yes          | No           |
| 6  | Board of Child Care – Transitional/Hagerstown | 16-20       | M      | 4                | Yes          | No           |
| 7  | Brook Lane Health Services                    | 6-17        | M/F    | 27               | Yes          | Yes          |
| 8  | Cedar Ridge – Children's Home                 | 6-21        | M      | 24               | Yes          | Yes          |
| 9  | Cedar Ridge – Jordan House                    | 13-19       | M      | 5                | Yes          | Yes          |
| 10 | Children's Resources – Big Pines              | 7-16        | M      | 14               | Yes          | Yes          |
| 11 | Children's Resources – Shining Tree           | 7-16        | M/F    | 14               | Yes          | Yes          |
| 12 | San Mar Children's Home                       | 12-18       | F      | 21               | Yes          | Yes          |

RCC Providers by Jurisdiction

|    |                                  |         |     |    |     |     |
|----|----------------------------------|---------|-----|----|-----|-----|
| 13 | D.S. Fellowship - Oak Hill House | 14 - 18 | M/F | 14 | Yes | Yes |
|----|----------------------------------|---------|-----|----|-----|-----|

145

Washington County Total: 13

|   |                 |             |        |                  |              |              |
|---|-----------------|-------------|--------|------------------|--------------|--------------|
|   | Wicomico County | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
| 0 | NONE reported   |             |        |                  |              |              |

Wicomico County Total: 0

|   |                  |             |        |                  |              |              |
|---|------------------|-------------|--------|------------------|--------------|--------------|
|   | Worcester County | Ages Served | Gender | License Capacity | DHR Contract | DJS Contract |
| 0 | NONE reported    |             |        |                  |              |              |

Worcester County Total: 0


Total # of DHR Group Homes: 201  
Total License Capacity for DHR Group Homes: 2025

Last updated 7/4/07





**Group Home Related Legislation Enacted 2001 - 2007**


**2001 REGULAR SESSION**

|                      |   |   |
|----------------------|---|---|
| <b><u>HB 892</u></b> | <b>Status as of May 18, 2001: Became Law - Chapter 691</b>                        |  |
| <b>Sponsored By</b>  | Delegates Zirkin, Et. al  |   |
| <b>Entitled</b>      | Department of Juvenile Justice - Summer Opportunity Pilot Program - Establishment |   |


**2002 REGULAR SESSION**


|                      |   |   |
|----------------------|---|---|
| <b><u>HB 959</u></b> | <b>Status as of May 6, 2002: Became Law - Chapter 395</b>   |  |
| <b>Sponsored By</b>  | Delegates Montague, Et. al  |   |
| <b>Entitled</b>      | Department of Human Resources and Department of Juvenile Justice - Links Between Child Welfare and Juvenile Justice |   |


|                      |  |   |
|----------------------|--|---|
| <b><u>HB 961</u></b> | <b>Status as of May 6, 2002: Became Law - Chapter 396</b>            |  |
| <b>Sponsored By</b>  | Delegates Montague, Et. al   |   |
| <b>Entitled</b>      | Department of Juvenile Justice - Juvenile Justice System - Standards |   |


|                      |   |   |
|----------------------|---|---|
| <b><u>HB 962</u></b> | <b>Status as of May 6, 2002: Became Law - Chapter 397</b> |  |
| <b>Sponsored By</b>  | Delegates Montague, Et. al                                |   |
| <b>Entitled</b>      | Juvenile Causes - Treatment Service Plans                 |   |

**2003 REGULAR SESSION**


|                      |  |   |
|----------------------|--|---|
| <b><u>HB 405</u></b> | <b>Status as of May 22, 2003: Became Law - Chapter 428</b>                       |  |
| <b>Sponsored By</b>  | Delegates Hammen, Et. al   |   |
| <b>Entitled</b>      | Medicaid Reimbursement - Community-Based Services for Children with Disabilities |   |


|                      |   |   |
|----------------------|---|---|
| <b><u>HB 536</u></b> | <b>Status as of April 22, 2003: Became Law - Chapter 164</b>                      |  |
| <b>Sponsored By</b>  | Delegates Zirkin, Et. Al  |   |
| <b>Entitled</b>      | Dept of Juvenile Justice - Summer Opportunity Pilot Program - Extension of Sunset |   |


|                      |   |   |
|----------------------|---|---|
| <b><u>HB 817</u></b> | Status as of April 22, 2003: Became Law - Chapter 177   |  |
| <b>Sponsored By</b>  | Delegates O'Donnell, Et. al   |   |
| <b>Entitled</b>      | The Task Force to Study Alternative Living Arrangements for Children in Out-of-Home Placement |   |


|                      |   |   |
|----------------------|---|---|
| <b><u>SB 178</u></b> | Status as of May 13, 2003: Became Law - Chapter 217                             |  |
| <b>Sponsored By</b>  | Senator Kelley  |   |
| <b>Entitled</b>      | Residential Child Care Programs - State-Funded Operators - Licensing Provisions |   |


2004 REGULAR SESSION

|                      |  |   |
|----------------------|--|---|
| <b><u>HB 416</u></b> | Status as of May 11, 2004: Became Law - Chapter 340  |  |
| <b>Sponsored By</b>  | Delegates Vaughn, Et. al   |   |
| <b>Entitled</b>      | Children's Group Homes - Use of Subcabinet Resources Directory for Notification and Identification |   |


|                       |  |  |
|-----------------------|--|--|
| <b><u>HB 1146</u></b> | Status as of May 26, 2004: Became Law - Chapter 536  |  |
| <b>Sponsored By</b>   | Delegates Jones, Et. al  |  |
| <b>Entitled</b>       | Juvenile Causes - Children in Out-of-Home Placement - Plan for a System of Outcomes Evaluation |  |

|                                  |  |   |
|----------------------------------|--|---|
| <b><u>SB 99</u><br/>(HB 367)</b> | Status as of May 26, 2004: Became Law - Chapter 438                      |  |
| <b>Sponsored By</b>              | Senators Kelley, Et. al  |   |
| <b>Entitled</b>                  | Residential Child Care Programs - Certification of Program Administrator |   |


|                      |  |   |
|----------------------|--|---|
| <b><u>SB 285</u></b> | Status as of April 13, 2004: Became Law - Chapter 31       |  |
| <b>Sponsored By</b>  | Senator Jacobs   |   |
| <b>Entitled</b>      | Child in Need of Assistance - Permanency Planning Hearings |   |


|                      |  |   |
|----------------------|--|---|
| <b><u>SB 711</u></b> | Status as of May 11, 2004: Became Law - Chapter 304        |  |
| <b>Sponsored By</b>  | Senators Jacobs Et. al                                     |   |
| <b>Entitled</b>      | Child Welfare Services - Children in Out-of-Home Placement |   |

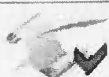
2005 REGULAR SESSION


|                                      |   |   |
|--------------------------------------|---|---|
| <b><u>SB 426</u></b><br>(C/F HB1259) | Status as of May 10, 2005: Became Law - Chapter 308                             |  |
| <b>Sponsored By</b>                  | Senators Kelley, Et. al   |   |
| <b>Entitled</b>                      | Education - Children in State-Supervised Care - Transfer of Educational Records |   |

2006 REGULAR SESSION


|                      |   |   |
|----------------------|---|---|
| <b><u>HB 770</u></b> | Status as of May 16, 2006: Became Law - Chapter 472                 |  |
| <b>Sponsored By</b>  | Delegate Rudolph  |   |
| <b>Entitled</b>      | Emergency Management - Emergency Plans for Human Service Facilities |   |


|                                      |  |  |
|--------------------------------------|--|--|
| <b><u>HB 813</u></b><br>(C/F SB 822) | Status as of May 2, 2006: Became Law - Chapter 355 |  |
| <b>Sponsored By</b>                  | Delegates Morhaim, Et. al                          |  |
| <b>Entitled</b>                      | Contracts for Residential Child Care Programs      |  |


|                      |   |   |
|----------------------|---|---|
| <b><u>SB 810</u></b> | Status as of May 2, 2006: Became Law - Chapter 275                        |  |
| <b>Sponsored By</b>  | Senators Currie, Et. al   |   |
| <b>Entitled</b>      | Residential Child Care Programs - Corporate Responsibility and Governance |   |

|                      |   |   |
|----------------------|---|---|
| <b><u>SB 811</u></b> | Status as of May 16, 2006: Became Law - Chapter 441 |  |
| <b>Sponsored By</b>  | Senators Currie, Et. al                             |   |
| <b>Entitled</b>      | Residential Child Care Capital Grant Program        |   |

2007 Regular Session

|                      |  |   |
|----------------------|--|---|
| <b><u>SB 476</u></b> | Status as of May 8, 2007: Became Law - Chapter 333               |  |
| <b>Sponsored By</b>  | Senator Zirkin   |   |
| <b>Entitled</b>      | Task Force to Study Group Home Education and Placement Practices |   |

|                                 |  |   |
|---------------------------------|--|---|
| <b><u>SB 177</u><br/>(HB53)</b> | Status as of April 24, 2007: Became Law - Chapter 133  |  |
| <b>Sponsored By</b>             | Senator Zirkin   |   |
| <b>Entitled</b>                 | Residential Child Care Programs - Out-of-Home Placement - Standards for Staff and System for Outcomes Evaluation |   |

|                      |  |   |
|----------------------|--|---|
| <b><u>SB 476</u></b> | Status as of May 8, 2007: Became Law - Chapter 333               |  |
| <b>Sponsored By</b>  | Senator Zirkin   |   |
| <b>Entitled</b>      | Task Force to Study Group Home Education and Placement Practices |   |

## **Task Force To Study Group Home Education And Placement Practices**

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### **October 15, 2007 Meeting**

- **Agenda**
- **Minutes**
- **Summary of Regulatory Framework for Group Home Licensure**

**TASK FORCE TO STUDY GROUP HOME  
EDUCATION AND PLACEMENT PRACTICES**

**AGENDA  
October 15, 2007  
1:30-3:30 pm**

|                    |                     |  |                    |
|--------------------|---------------------|--|--------------------|
| <b>1:30 - 1:40</b> |                     | <b>Welcome and Introductions</b>   | <b>Sen. Zirkin</b> |
| <b>1:40 - 1:50</b> | <b>Action</b>       | <b>Review and approval of 9/17/07 Minutes</b>  | <b>All</b>         |
| <b>1:50 - 2:10</b> | <b>Presentation</b> | <b>Legislative Review Summary</b>  | <b>Cassie Motz</b> |
| <b>2:10 - 2:30</b> | <b>Presentation</b> | <b>Regulations Review</b>  | <b>Cassie Motz</b> |
| <b>2:30 - 2:55</b> | <b>Discussion</b>   | <b>Identify Goals of the Task Force</b>  | <b>All</b>         |
| <b>2:55 - 3:20</b> | <b>Discussion</b>   | <b>Identify Data Needs and Assignments</b>   | <b>All</b>         |
| <b>3:20-3:30</b>   | <b>Discussion</b>   | <b>Next Steps</b><br><br><b>3<sup>rd</sup> Monday of each month, 11/19 1:30<br/>Annapolis Senate conference rooms.</b> | <b>All</b>         |



## **TASK FORCE TO STUDY GROUP HOME EDUCATION AND PLACEMENT PRACTICES**

**AGENDA**  
**October 15, 2007**  
**1:30-3:30 pm**

### **ATTENDEES**

#### **Task Force Members:**

Sheryl Brissett-Chapman  
Donald DeVore  
Barbara DiPietro  
Brenda Donald  
Paula Fisher  
Kathleen Gardiner  
Cheri Gerard  
Tim Griffith  
Abbie (Riopelle) Flanagan

Stephen Lafferty  
Jim McComb  
Cassie Motz  
Anthony Muse  
Todd Schuler  
Steven Sorin  
Shelley Tinney  
Robert Zirkin

#### **Guests:**

Jodi King, MSDE  
Eleanor Kopchick, MSDE  
Laura Howell, MACS  
Ertha Sterling, DHR  
Bill Lee, DHR  
Herb Cromwell, CBH  
Jane Bonk, Mentor Md

Muriel Hesler, Montgomery Co. government  
John Irvine, DJS  
Lauren Greenwald, The Woodbourne Center  
Kevin Drumheller, Mosaic Community Svc.  
Jason Calvert, Mosaic Community Svc.  
Peter Fromuth, OPD  
Meg Ferguson, Baltimore Co. Exec. Office

### **Welcome and Introductions**

Senator Zirkin opened the meeting by welcoming all members and guests. He announced that he and the Secretaries of DJS and DHR are working on a number of ideas including a Certificate Of Need process that will be presented to the group later in the meeting.

Secretary Donald stated that there is a lot of overlap between this group and other work being done by each department. Her hope is to "right size" network of group homes and to create a system that is driven by the needs of youth.

### **Review and approval of 9/17/07 Minutes**

The meeting notes of 9/17/07 were approved with minor edits recommended by Tim Griffith.

### **Legislative Review Summary**

Cassie Motz, Interim Executive Director of GOC, presented the mandates of the legislation that created the task force. She also reviewed legislation from previous legislative sessions and progress on the requirements of those bills:

**HB 416 (2204) Resource Directory** has been created in the State Children Youth and Families Information System (SCYFIS) and is available to the public through the GOC website.

**SB 99 (2004) PA Certification** testing has begun.

**HB 811 (2006) State Resource Plan** is complete and will be available on the GOC website within a week or two.

*Sheryl Brissett-Chapman inquired if there was any data in the resource plan regarding awol. There is not.*

**HB 813 (2006) Contract Requirements** have been incorporated into the contracts of each agency.

Ms. Motz also discussed the progress of several more recent pieces of legislation:

**SB177 (2007) Outcomes and Direct care training/certification** The outcomes and indicators for youth in group homes have been developed and forwarded to the Children's Cabinet for approval. The Resource Development and Licensing Committee (RDLC) is working on the recommendations for Direct Care training and certification due to the General Assembly on January 1, 2008.

*Jim McComb commented that it takes time to develop the data, other states experience is 3-4 years.*

**SB 810 (2006) Corporate Governance** The regulations concerning the governance of group homes have been drafted. The plans for the provision of training to Boards of Directors have not yet been finalized.

Ms Motz mentioned two additional reports that may be of interest to the task force:

**HB 959 (2002)** required DHR and DJS to study the link between child welfare and juvenile justice.

**JCR report (2006)** Group Home Performance Based Incentives Rates report is available on the GOC website

Secretary Donald reminded the group that there is also a task force to study resource needs on the eastern shore.

Senator Zirkin mentioned the plan for regionalization of DJS services.

Sheryl Brissett Chapman stated that there is clear data that TFC is an evidence based practice that works, RTC's don't work and there is no literature on Group Homes. She indicated that the agency from which youth come from is irrelevant. She believes that the state needs to determine what works well for whom in group homes and what do we want group homes to provide?

### Regulations Review

Cassie Motz presented an overview of the Single Point of Entry regulations that are administered through GOC. There was a length discussion about the sufficiency of these regulations and the licensing process.

**Kathleen Gardiner** asked what types of facilities do the SPE regulations pertain to other than group homes. The scope of the regulations was provided. The regulations are for Residential Child Care programs, group homes is a generic term

**Sec. Donald** asked about the needs assessment. She wants the state agency to determine need. Info to come to DHR from locals.

**Ms. Motz** explains that that would not necessarily stop a proposal from going forward as it now stands.

**Jim McComb** agrees that we need to manage development, however, it is not a simple process. We need to have confidence that the resource plan will lead us where we need to be.

**Sec. Donald** thinks one issue is homes being licensed, not getting contracts from DHR but from other agencies and jurisdictions. Should we put the brakes on until we figure out what we need?

**Kathleen Gardiner** agreed that the departments do need to make decisions from a statewide prospective. She asked what clinical and emotional needs of each child are taken into consideration when those decisions are made? She believes every child coming into care should have a comprehensive needs assessment. There is Child Welfare literature on how level of care decisions should be made.

**Tim Griffith** stated that we need tools that are grounded in best practices and used across systems.

**Sheryl Brissett-Chapman** says there is no research but practical experience tells us that youth who need 24 hour awake supervision are the ones who go into group homes. She believes that good group homes have been and are being solicited. She doesn't think there is substantial difference between most DJS and DHR kids. There needs to be agreement between the 2 agencies on needs. What is the cost of no co-mingling?

### **Licensing**

**Sen. Zirkin** asked if a provider can get through the process even if the department doesn't want it? The answer is YES. He believes proposals should only be accepted when there is an identified need. How challenging is it to close down a bad home. .

**Del. Lafferty** inquired about data on group home closings or sanctions?

**Ms. Motz** indicated that these provisions are spelled out in regulation. There provisions for graduated sanctions. Each agency has that information on the homes it licenses..

### **Federal fair housing and IDEA**

**Ms Motz** spoke briefly about the applicability of the Federal Fair Housing Act and IDEA to group homes. These laws are intended to prevent discrimination against persons with disabilities. Applies to developmental disabilities, mental health, substance abuse. Group Homes cannot be treated any differently than any other home with 6 or 8 unrelated persons. She suggests that any proposed legislation should be reviewed by the Attorney General's office.

**Sen. Zirkin** asked if this means that sex offenders could be placed in any neighborhood.

**Sherry Meisel of DJS** responded that the program could not make the claim based solely on sex offenses.

### **Definitions**

**Sec. Donald** asked if current definitions of program categories make sense Is there a need to redefine or clarify? She also stated that there is no minimum number for group homes.

**Jim McComb** explained that the net is RCC, DHR uses them all, DJS uses shelters, group homes, Therapeutic Group Homes, secure care and wilderness programs. He also discussed the development of "core" regulations and the need for standardization and greater accountability.

**Kathleen Gardiner** stated that we need to ensure a broad range of services.

### **Educational Issues**

**Sen. Zirkin** asked how kids end up in the public schools in other jurisdiction, who keeps track of progress?

**Jody King, MSDE**, responded that group homes that have schools typically educate their residents. Others go to school where ever others in the particular jurisdiction go. The LEA determines placement and track progress. Kids in group homes are not treated differently.

**Sheryl Brissett -Chapman** stated that educational needs do drive placement decisions.

**Del. Lafferty** asked whether the placement considers the achievement of the school?

**Sen. Zirkin** asked about homes that are not preparing and supporting kids adequately? Who is monitoring that?

**Tim Griffith** responded that licensing monitors and the child's case manager are responsible for monitoring those issues.. In Baltimore Co. there is a special program to help group home youth integrate into the local schools.

**Jim McComb** noted that the number of youth in group home schools is relatively small. There are providers that have high definable standards. If we have good monitoring and case management, we should know these things.

**Sherry Meisel** asked if there is data on how are youth in group homes are doing as compared to other youth in state?

### **Next Steps**

The task force decided to convene four workgroups to study the issues brought up at today's meeting. The groups and their leaders are listed below. Task Force members are asked to participate on at least one workgroup. The workgroups should be prepared to make presentations at the next meeting.

1. Definitions of Service Categories, DJS
2. CON like process, Sec. Donald
3. Education standards/placements, Sherry Meisel and Jody King
4. Kids needs and group home expectations. What does group care deliver? Tim Griffith

**The next meeting will be held 11/19 1:30 in the Senate Office Building, EHEA Hearing Room**

## SUMMARY OF REGULATORY FRAMEWORK FOR GROUP HOME LICENSING

### **I. GENERAL PROCESS FOR GROUP HOMES PROPOSALS:**

#### **GOVERNOR'S OFFICE FOR CHILDREN (GOC) IS THE SINGLE POINT OF ENTRY**

*Authority: COMAR, Title 14, Subtitle 31, Chapter 2 (Interagency Coordination).*

*Note: this is just a summary of key regulations; full regulations are laid out in COMAR 14.31.02.01 – 14.31.02.09.*

#### *DOES THE SINGLE POINT OF ENTRY PROCESS APPLY ONLY TO GROUP HOMES?*

- No. In fact, "group home" is not defined in the Single Point of Entry regulations. These regulations apply to "residential child care providers," defined in regulation as "a program of care provided in a residential setting by a provider on a 24-hour basis for longer than 24 hours to a child or children unless otherwise provided by State law." COMAR 14.31.02.03.B(13). Note, though, that "group home" is defined later in the licensing and monitoring regulations as "a facility owned, leased, or operated, by a licensee that provides: (a) Residential services for youths such as care, diagnosis, training, education, and rehabilitation, and (b) a group living experience." COMAR 14.31.05.03.B(16).

#### *WHAT IS GOC'S MANDATED ROLE, AS THE SINGLE POINT OF ENTRY?*

- To provide information to prospective residential child care providers, accept proposals for programs, serve as a point of registration for existing programs to expand, and designate a licensing agency to process completed proposals. COMAR 14.31.02.04(B)
- GOC also coordinates shares information among agencies about (1) program monitoring schedules; and (2) sanctions or corrective action plans imposed by an agency on a provider. COMAR 14.31.02.04(C)

#### *WHAT MUST A PROVIDER'S PROPOSAL FOR A NEW PROGRAM INCLUDE?*

- Detailed explicit requirements are set forth in COMAR 14.31.02.05. Requirements include (but are not limited to): program description; program needs assessment (including: needs assessment methodology, results of needs assessment, and need for type of program or facility proposed; and criteria for selecting program location); program activities; experience; therapeutic services; family involvement strategies; education plan (including: documentation of collaboration with local school system in enrollment and education, the extent of participation in the child's educational activities; and notice of the provider's intent, if any, to operate an educational program within the residential program's facilities); and health plan. COMAR 14.31.02.05(B). [There are also requirements for a proposal of a program expansion – COMAR 14.31.05 (C).]

#### *HOW DOES GOC EVALUATE THE ADEQUACY OF A NEW PROPOSAL?*

- GOC evaluates program adequacy based on (1) completeness of proposal; (2) adequacy in meeting detailed requirements set forth just above (in COMAR 14.31.02.05); (3) any prior denial of licensure, sanction taken, or corrective action required by an agency of the program or the program's parent corporation; and (4) community, county, or regional resource development needs as specified by either the Children's Cabinet or an agency. COMAR 14.31.02.06(A)



#### **WHAT HAPPENS AFTER GOC REVIEWS A PROPOSAL?**

●GOC does one of 3 things: (1) certifies the program as adequate and refers it to a licensing agency; (2) requires that a program administrator address inadequacies before a panel (composed of GOC and two other agencies); or (3) returns the proposal with instructions for resubmission. If no resubmission occurs within 60 days, the request is considered withdrawn. COMAR 14.31.02.06(B), (C), (E)

#### **WHAT HAPPENS AFTER THE PANEL REVIEWS A PROPOSAL?**

The panel must (1) certify the proposal as adequate and recommend referral to a licensing agency; (2) return it for possible resubmission; and (3) for resubmissions, recommend that the proposal be referred to the licensing agency without certification that the requirements have been met. COMAR 14.31.02.06(D)

## **II. GROUP HOME LICENSING BY AN AGENCY**

*Authority: COMAR Title 14, Subtitle 31, Chapters 5, 6, and 7 (Licensing and Monitoring of Residential Child Care Program; Standards for Residential Child Care Programs; and Specilized Licensing Standards); COMAR 14.31, Chapter 2 (Interagency Coordination). Again, below is just a summary.*

#### **HOW IS GROUP HOME DEFINED?**

"Group home" is defined in the licensing and monitoring regulations as "a facility owned, leased, or operated, by a licensee that provides: (a) Residential services for youths such as care, diagnosis, training, education, and rehabilitation, and (b) A group living experience." COMAR 14.31.05.03.B(16).

#### **HOW DOES AN APPLICANT GET A GROUP HOME APPLICATION?**

After the applicant completes a proposal through GOC and the Single Point of Entry, GOC designates a licensing agency and that agency sends the applicant an application. COMAR 14.31.05.05(A).

#### **WHAT ARE THE RELEVANT TIMEFRAMES?**

After the agency sends the applicant an application, the applicant has 6 months to submit it. After the applicant submits the application, the agency has 60 days to evaluate the application, inspect the proposed physical plant, and propose to issue or deny the license. COMAR 14.31.05.05(B)

#### **HOW DOES AN AGENCY EVALUATE THE APPLICATION?**

The agency (a) issues or denies the program in accordance with the regulations of the licensing agency; or (b) denies a license or suspends consideration of the application, based on the relevant experiences and actions of other agencies with programs or facilities operated by the provider's parent corporation, including: denial of licensure; sanctions, including suspension or revocation of licensure; and corrective action requirements. The agency then issues a written licensing report, and submits the report to the provider and GOC. COMAR 14.31.02.08(A)(4)

#### **WHAT DO THE REGS SAY ABOUT MULTIPLE PROGRAMS OR FACILITIES?**

A provider may operate multiple programs or facilities licensed by different agencies. But an individual program or facility may not be licensed by more than one agency. COMAR 14.31.02.07(D). And each physical plant requires a separate license. COMAR 14.31.05.05(D).



*DO ADDITIONAL REGULATIONS APPLY FOR THE LICENSING OF SPECIALIZED PROGRAMS?*

Yes, there are additional specialized licensing regulations for State-operated residential educational facilities; secure care programs; wilderness programs; programs for medically fragile children; programs for children with developmental disabilities; shelter care programs; programs for pregnant adolescents; mother infant-programs; therapeutic group homes; community mental health programs providing residential crisis and respite care services; therapeutic group homes; and programs for youth with developmental disabilities. COMAR 14.31.05.02; COMAR 14.31.05.07; COMAR 14.10.22.07. COMAR 10.22

*ARE THERE SEPARATE REGULATIONS FOR PROVIDERS THAT PLAN TO OPERATE AN EDUCATIONAL PROGRAM ON-SITE, WITHIN THE GROUP HOME?*

Yes. See COMAR 13A.09.10.

*HOW LONG DOES A LICENSE LAST?*

Unless revoked or suspended, a license is valid for 2 years. COMAR 14.31.05.05(C). A provider must seek renewal 120 days before the license expires, and the agency has 60 days to grant or deny a renewal. If an agency proposes to deny an application, the agency must give the provider written notice to include: (1) the facts warranting denial; (2) citation to the regs upon which the denial is based, and (3) notification that the provider may request a hearing before denial. COMAR 14.31.05.10(A).

*DO THE REGS ARTICULATE STANDARDS THAT GROUP HOMES MUST MEET AND MAINTAIN?*

Yes. COMAR 14.31.06 sets forth standards with respect to governance; personnel administration; employee duties and qualifications; physical plant; emergency planning; general safety and transportation; general program requirements; a child's basic life needs (food, clothing, personal hygiene, sleep, etc); children's right and services; health care; child abuse and neglect; and discipline. In addition, COMAR 14.31.04 sets forth requirements for group incorporation and financial operation (e.g. a mandatory budget, financing plan, liability and fire insurance, annual audit, compliance with unemployment and workers' compensation). The licensing agency must monitor the program at least annually and must notify GOC of its monitoring schedule. COMAR 14.31.02.08(B)

*WHAT HAPPENS IF A GROUP HOME DOES NOT MAINTAIN THESE STANDARDS?*

COMAR 14.31.05.08 - .11 sets forth procedures for corrective action plans and sanctions including suspension, revocation, and limitations of a program's license. In most cases, the agency must give the provider at least 20 days written notice for a sanction. However, if the agency determines that action is necessary to protect the health, safety, or welfare of the children or the general public, the agency may suspend, revoke, or limit a license without notice (i.e. take emergency action). COMAR 14.31.05.09(E). A provider has a right to a hearing under the Maryland Administrative Procedure Act when an agency proposes to: deny an application for a license; deny an application for renewal of a license; or intends to impose sanctions or suspend or revoke a license; or when the provider is subject to emergency action. COMAR 14.31.05.10. GOC must be informed of sanctions or corrective action plans imposed on a provider. COMAR 14.31.02.08(B)(4).

*WHAT HAPPENS IF A PROGRAM DECIDES TO CLOSE ON ITS OWN?*

The provider must give at least 30 days notice to the licensing agency and any other agency that has children placed there. The provider must also submit a written plan for the removal of the children and implement the plan (and the agency must approve the plan and oversee the children's removal), and return the license. COMAR 14.31.05.05(I)

# Task Force To Study Group Home Education And Placement Practices

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## December 10, 2007 Meeting

- Agenda
- Minutes
- DHMH licensed group homes
- Alternative Procurement Processes
- Certificate of Need
- Funding for education of children in out-of-county living arrangements

**TASK FORCE TO STUDY GROUP HOME  
EDUCATION AND PLACEMENT PRACTICES**

**AGENDA  
December 10, 2007  
1:30-3:30 pm**

|                    |                     |  |  |
|--------------------|---------------------|--|--|
| <b>1:30 - 1:35</b> |                     | <b>Welcome and Introductions</b>   | <b>Sen. Zirkin</b>                     |
| <b>1:35 - 1:40</b> | <b>Action</b>       | <b>Review and approval of 10/15/07 Minutes</b>   | <b>All</b>                             |
| <b>1:40 - 1:50</b> | <b>Presentation</b> | <b>DHMH Group Homes</b>  | <b>Barb DiPietro</b>                   |
| <b>1:50 - 2:05</b> | <b>Presentation</b> | <b>Maryland Disabilities Law Center</b>  |  |
| <b>2:05 - 2:20</b> | <b>Presentation</b> | <b>Legal Aid Bureau</b>  |  |
| <b>2:20 - 2:35</b> | <b>Presentation</b> | <b>CON-like Process Workgroup</b>  | <b>Sec. Donald<br/>Pam Barclay</b>     |
| <b>2:35 - 2:50</b> | <b>Presentation</b> | <b>Definitions Workgroup</b>   | <b>Sec. DeVore</b>                     |
| <b>2:50 - 3:05</b> | <b>Presentation</b> | <b>Education Issues Workgroup</b>  | <b>Sherry Meisel<br/>and Jody King</b> |
| <b>3:05 - 3:20</b> | <b>Presentation</b> | <b>Group Home Expectations Workgroup</b>   | <b>Tim Griffith</b>                    |
| <b>3:20-3:30</b>   | <b>Discussion</b>   | <b>Next Steps</b><br><br><b>3<sup>rd</sup> Monday of each month, 12/17 1:30<br/>Annapolis Senate conference rooms.</b> | <b>All</b>                             |

**Jim McComb** also mentioned that about other states have large numbers of kids who are CINA which Maryland doesn't have.

**Barb DiPietro** stated that youth in TGH have more intensive mental health needs and the intensity of clinical services is higher. **Jim McComb** s pointed out some larger homes have the capacity to offer the same level of services of TGH but because of size and some other factors cannot be licensed as such, National Center for Children and Families in Montgomery County is an example.

#### **Legal Aid Bureau**

Jessica Rae presented information about youth in group homes represented by the agency and the results of a survey of some of those youth. While every child's experience is different and all have different needs, there were some common themes among the responses:

1. Contact w/family often inhibited to due placement far away, lack of transportation, used as a punishment
2. Qualified staff make the difference, high turnover, lack of basic training, no standard of care, no conflict resolution training
3. Lack of adequate staff particularly during the day
4. Initial orientation/transition periods when then have to earn their levels-this is traumatic for youth who have done nothing wrong to be in placement, youth should start with privileges
5. Lack of recreational activities, books, assistance with homework
6. Lack of food, lack of quality food, locked kitchens and refrigerators
7. GLBTQ often encounter a hostile environment
8. Kids are not allowed to have a bad day, automatically get punished, so pervasive kids just give up
9. Education-delays and difficulties in enrollment, miss a lot of days when they move, avg. school moves 2-3 year, when a kid is suspended or expelled case workers and attorneys need to be notified immediately, lack of ability to participate in extra curricular activities
10. Medical and clinical services- kids must work with therapist in home even when they already have one, failure to tailor medical and clinical services to the individual needs of the youth, over medicated or not monitored
11. Case workers don't visit on a monthly basis
12. Don't have meaningful transition plans when they leave the home and foster care

#### **RECOMMENDATIONS:**

1. Consistent bill of rights posted
2. Consistent and standardized policies
3. Clear and anonymous complaint process, but have distinct follow up steps
4. Advocates want to see investigation reports and corrective actions
5. contract specifications for gh and placement agency
6. improved transportation
7. individualized treatment
8. standardized training

9. listen to the kids, conduct random evaluations

**Del. Lafferty** asked if exit surveys are done when youth leave a home. The answer is yes, but they should also be done while youth are in placement and later because kids might be angry when they first leave.

**Jim McComb** asked if problems with family visitation and school are different for kids in gh as opposed to foster home. The answer about family visitation is no, but kids in group homes change schools more often than foster care.

**Sec. Devore** likes "bill of rights" idea.

**Sec. Donald** supports specific opportunities to have kids assist in improving GH, supports "report cards" and wants kids to have input on criteria. She stated that if we have resources where kids live the issue of transportation can be ameliorated and could also help multiple school placement issues. She doesn't like the idea of earning levels. She reported that DHR is leading effort on "ready by 21"

**Del. Lafferty** asked how we got to the point where kids are re-placed frequently. The answer is partly because of inadequate assessment and transition planning, not enough foster homes for older adolescents.

**Jim McComb** asked if there are strengths to build on. Ms. Rae stated that she would go back to kids and get more info but well trained staff, clean home, rules that are fair and consistent, good food, help with homework are basic.

#### **CON-like Process Workgroup**

This workgroup was charged with exploring options to the current method of recruiting new group homes in an effort to create a system that would be driven by the needs of children and the placement agencies. The workgroup looked at four items (see handout):

1. The current process. **Shelley Tinney** gave an overview of the current Single Point of Entry process and the proposed new regulations for that process. She also presented data on the number of proposals that have been approved by GOC and the number of new programs licensed over the past 3 years. **Sec. Donald** inquired about the number of beds added. **Bill Lee** of DHR licensing responded that, while he didn't have exact numbers, he believes the total numbers of beds are the same now as several years ago. **Sen. Zirkin** indicated he would like to know the number of licenses lost in past three years.
2. The RFP process. **Bill Lee and Ertha Sterling** of DHR licensing presented information on resource development using an RFP process. They reported on other states that use that process, what DHR would need to do in order to use that process and the pros and cons of that approach.
3. Certificate of Need (CON) process. Pam Barclay from the Health Care Commission presented information on the CON process used by Maryland to establish new health care facilities and services. **Sec. Donald** asked if this

approach makes sense for group homes. **Ms. Barclay** indicated that it is generally only for health care programs, large capital projects. **Sec. Donald** asked isn't the purpose to match needs and capacity. **Ms. Barclay** responded that there is a lot of evidence that shows that a small number of highly specialized services results in better outcomes. **Tim Griffith** asked to what degree we can limit development in light of fair housing. Can we say a home cannot be licensed in a certain place because of lack of need? **Barb DiPietro** responded that the DHMH attorney says we can't deny license because of ADA and fair housing. Limitation can occur through contracting.

4. Performance Based Contracting – deferred to next meeting.

#### **Education Issues Workgroup**

Jodi King of MSDE presented information regarding educational placements. She reported that difficulties created by moves by foster children are also felt by any family that moves between jurisdictions. She provided the group with a copy of the regulations on out of county living arrangements. **Sen. Zirkin** asked how counties are reimbursed and how are rates determined. **Ms. King** replied that rates are based on a formula. Each county has a different rate. Sending county repays the county at the housing county's rate. It is a one day count on Dec. 31. Education is an entitlement. The local school systems do not track students by living arrangements, but rather by individual students.

**Sherry Meisel** of DJS is surveying regionally and other states children who are placed by DJS. This workgroup will also look at coordination between placement and education.

**Sen. Zirkin** asked what happens when a school complains about group homes not supporting kids educationally. Who can do something about it? **Ms. King** responded that MSDE doesn't have any jurisdiction over GH placement. The school should complain to the placement or licensing agency.

#### **Next Steps:**

1. The workgroups that did not report did not finish reporting will do so at the next meeting:

- a. Performance Based Contracting
- b. Additional report by the Educations workgroup
- c. Definitions Workgroup
- d. Group Home Expectations Workgroup

**Notification regarding the next meeting will be sent via email.**



Maryland Licensed Therapeutic Group Homes

| PROGRAM NAME                         | BUSINESS NAME                             | CITY/COUNTY      |
|--------------------------------------|---|------------------|
| Maple Shade-San Domingo Special Care | Maple Shade Youth & Family Services, Inc. | Mardela Springs  |
| All That Matters, Inc. Foundation    | All That Matters, Inc. Foundation         | Fort Washington  |
| All That Matters, Inc. Foundation    | All That Matters, Inc. Foundation         | Suitland         |
| Potomac Ridge Cottage at N. Potomac  | Potomac Ridge Behavioral Health           | North Potomac    |
| Potomac Ridge Cottage at Rockville   | Potomac Ridge Behavioral Health           | Derwood          |
| Children's Guild - Debuskey House    | Children's Guild                          | Baltimore        |
| Children's Guild - Harford House     | Children's Guild                          | Baltimore        |
| Children's Guild - Kanner House      | Children's Guild                          | Baltimore        |
| San Mar - Jack E. Barr TGH           | SanMar Children's Home, Inc.              | Boonsboro        |
| Villa Maria                          | Villa Maria                               | Catonsville      |
| Alternatives for Youth - Lighthouse  | Alternatives for Youth & Families         | Waldorf          |
| Alternatives for Youth - Triad       | Alternatives for Youth & Families         | Prince Frederick |
| Maple Shade - "Wetipquin Ranch"      | Maple Shade Youth & Family Services, Inc. | Quantico         |
| Maple Shade - Mardela Special Care   | Maple Shade Youth & Family Services, Inc. | Mardela Springs  |
| Guide Programs, Inc.                 | Guide Programs, Inc.                      | Baltimore        |
| Mosaic - Dulaney House               | Mosaic Community Services, Inc.           | Ellicott City    |
| Mosaic Community Services - House I  | Mosaic Community Services, Inc.           | Ellicott City    |
| Mosaic Community Services - House II | Mosaic Community Services, Inc.           | Ellicott City    |
| Mosaic- Fordham House                | Mosaic Community Services, Inc.           | Towson           |
| Guide Programs, Inc.                 | Guide Programs, Inc.                      | Fort Washington  |
| Hearts & Homes - Mary's Mount I      | Hearts and Homes for Youth                | Harwood          |
| Hearts & Homes - Redl House          | Hearts and Homes for Youth                | Rockville        |
| Hearts & Homes - Muncaster Mill      | Hearts and Homes for Youth                | Baltimore        |
| Our Fortress Homes, Inc.             | Our Fortress Homes, Inc.                  | Baltimore        |
| Genesis Family Home                  | Genesis Family Home for Youth, Inc.       | Baltimore        |

October 4, 2007

### DHMH Mental Hygiene Administration Group Homes

| Name                              | County                 | License Capacity | Census on 6/28/07 | Vacancies | Pending Admissions                                |
|-----------------------------------|------------------------|------------------|-------------------|-----------|---|
| All That Matters                  | Prince George's County | 6 Girls          | 6                 | 0         | 0   |
| All That Matters                  | Prince George's County | 8 Boys           | Empty             |           | Already licensed but does not have a contract yet |
| Alternatives for Youth            | Charles County         | 8 Girls          | 5                 | 3         | 0   |
| Alternatives for Youth            | Calvert County         | 8 Boys           | 5                 | 3         | 1 Pending Admission; 3 regional referrals         |
| Better You Better Me              | Baltimore City         | 4 Boys           | 3                 | 1         | Interviewing – no commitments                     |
| Cedar Ridge                       | Washington             | 8 Boys           | 8                 | 0         | 0   |
| Children's Guild (Dubuskey House) | Baltimore City         | 8 Boys           | 6                 | 2         | 2   |
| Children's Guild (Kanner House)   | Baltimore City         | 8 Boys           | 7                 | 1         | 1   |
| Children's Guild (Harford House)  | Baltimore City         | 8 Girls          | 8                 | 0         | Possibly 2 pending discharges 1;WL                |
| Guide Programs                    | Prince George's County | 6 Boys           | 6                 | 0         | 2 pending discharges; 3 WL                        |
| Guide Programs                    | Baltimore City         | 6 Boys           | 6                 | 0         | 1 WL  |
| Hearts & Homes (Mary's Mount)     | Anne Arundel County    | 8 Girls          | 8                 | 0         | 0   |
| Hearts & Homes (Redl House)       | Montgomery County      | 7 Boys           | 7                 | 0         | 0   |

| Name                               | County                                 | License Capacity | Census on 6/28/07 | Vacancies | Pending Admissions           |
|------------------------------------|--|------------------|-------------------|-----------|------------------------------|
| Hearts & Homes<br>(Muncaster Mill) | Montgomery County                      | 7 Boys           | 6                 | 1         | 1                            |
| Name                               | County                                 | License Capacity | Census on 6/27/07 | Vacancies | Pending Admissions           |
| Maple Shade<br>(Wetipquin)         | Wicomico                               | 4 Boys           | 3                 | 1         | Possibly 1;<br>no commitment |
| Maple Shade<br>(Mardela)           | Wicomico                               | 8 Boys           | 7                 | 1         | Possibly 1;<br>no commitment |
| Maple Shade (San Domingo)          | Wicomico                               | 4 Girls          | 4                 | 0         | 0                            |
| Mosaic (Dulaney)                   | Howard                                 | 8                | 7                 | 1         | 1                            |
| Mosaic (Fordham)                   | Baltimore                              | 8                | 8                 | 0         | 0                            |
| Mosaic (House 1)                   | Howard                                 | 6                | 5                 | 1         | 1                            |
| Mosaic (House 2)                   | Howard                                 | 6                | 5                 | 1         | 1                            |
| Our Fortress Homes                 | Baltimore City                         | 6 Boys           | 6                 | 0         | 0                            |
| Potomac Ridge<br>(Derwood)         | Montgomery County                      | 8 co-ed          | 8                 | 0         | 0                            |
| Potomac Ridge<br>(Rockville)       | Montgomery County                      | 8 co-ed          | 8                 | 0         | 0                            |
| SanMar                             | TGH info listed under All That Matters |                  |                   |           |                              |
| Villa Maria                        | Baltimore                              | 6 Boys           | 6                 | 0         | 2 (For 2 pending admissions) |
| Genesis Family Home (New)          | Baltimore City                         | 8 Boys           | 0                 | 8         | Waiting for rate to be set   |

# **TASK FORCE TO STUDY GROUP HOME PLACEMENT AND EDUCATION PRACTICES**

## **ALTERNATIVE PROCUREMENT PROCESSES (CON WORK GROUP)**

**DECEMBER 10, 2007**

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## **WORK GROUP CHARGE**

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**EXPLORE OPTIONS TO ALLOW THE  
STATE TO ESTABLISH A SYSTEM  
THAT IS DRIVEN BY  
AGENCY/CHILDREN'S NEEDS**

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# Four Options

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- (1) Current Process
- (2) RFP
- (3) CON Process
- (4) Performance Based Contracting



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# GOC Single Point of Entry Process

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Shelley Tinney  
Governor's Office for Children

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## **NEW SINGLE POINT OF ENTRY REGULATIONS**

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- ◆ **SHORTENS LENGTH OF TIME TO SUBMIT PROPOSAL**
- ◆ **REQUIRES INCORPORATION AND DULY APPOINTED BOARD OF DIRECTORS**
- ◆ **LIMITS NUMBER OF REVISIONS**
- ◆ **SHORTENS AMOUNT OF TIME FOR REVISIONS**
- ◆ **PROPOSAL OUTLINE CONSISTENT WITH SMALL BUSINESS ASSOCIATION STANDARDS FOR BUSINESS PLANS**

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# MARKET ANALYSIS = NEEDS ASSESSMENT

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- ◆ Where do you plan to locate your program?
- ◆ What type of needs assessment/research have you done?
- ◆ What considerations will be given to the location of your program?
- ◆ Does this area need the type of service you are planning on providing?
- ◆ Reference the source of your information. Demonstrate that you have been in contact with the Licensing Agency, LMB, local placing agency other agency that is aware of current trends in placements.

# GOC SINGLE POINT OF ENTRY PROPOSALS APPROVED/LICENSED

|               | FY 05 | FY 06 | FY 07 | FY 08<br>TO<br>DATE |
|---------------|-------|-------|-------|---------------------|
| DHR           | 43/12 | 5/1   | 15/3  | 3                   |
| DJS           | 4/3   | 1/1   | 1/0   | 1                   |
| DHMH/<br>DDA  | 7/5   | 1/0   | 3/0   | 0                   |
| DHMH/<br>OHCQ | 6/2   | 1/1   | 4/1   | 1                   |

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# Request for Proposal Process

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Bill Lee  
Office of Licensing & Monitoring  
DHR

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## What is a Request for Proposal (RFP)?

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- A process by which the State develops and drafts a plan for programs/resources it seeks to develop
- The RFP outlines the requirements and guidelines to be met by the contractor



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## States Contacted That Utilize Some Form of an RFP Process for Group Homes

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Delaware  
Massachusetts  
New Jersey  
New York  
Oregon  
District of Columbia

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# Taking Stock of Where We Are

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## A. Identify Needs

1. Numbers
2. Demographics
3. Specific categories of need
  - a. behavioral
  - b. mental health
  - c. vocational
  - d. life skills
  - e. cultural / social history
4. Geographic needs

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## Taking Stock ...

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### B. Inventory of existing licensed facilities

1. List of services provided
2. List of populations served
3. Resource distribution  
(geographically)

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# Pros and Cons of RFP Process

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## A. Pros

1. resource development based on specific needs
2. respondents more likely to be capable of meeting needs of the population
3. agencies can more effectively “manage” their resources and tailor to specific needs

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## Pros (cont.)

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4. more appropriate use of more costly resources
5. more appropriate placements with regard to level of restriction and clinical need
6. more flexibility to meet needs of changing environment

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## B. Cons

1. responses most likely to come from providers already established or with resources to respond to RFP
2. often difficult to identify specific needs:
  - a. changing market and environment
  - b. once decision is made the Department is “locked into” the program purchased
  - c. providers may be reluctant to commit the resources to respond to an RFP



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## Cons (cont.)

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3. may be difficult to come to a consensus for what is needed/best course of action
4. providers may be reluctant to apply for a time limited contract
5. transition process may be disruptive for children

# **CERTIFICATE OF NEED PROCESS**

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Pam Barclay  
Health Care Commission  
DHMH

# Performance Based Contracting

Jim McComb

MARFY

A performance based contract is one that focuses on outputs, quality and outcomes of service provision and may tie at least a portion of a contractor's payment as well as any contract extension or renewal to performance criteria specified.



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## Performance based contracting (PBC)

is thought to:

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- Encourage the public sector to identify priority areas to invest resources and maximize client outcomes;
- Encourage providers to be innovative and efficient in service delivery;
- Encourage providers to control costs;

- 
- 
- Encourage contractors and government to work together to deliver the best services to clients;
  - Set groundwork for program evaluation and monitoring by focusing on outcomes; and
  - Require less but more meaningful monitoring by minimizing reporting requirements.



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## Some jurisdictions using PBC

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- Kansas/family preservation, foster care, adoption
- Michigan/adoption
- Wayne County, Michigan/foster care
- North Carolina/adoption
- Philadelphia/foster care



## **Briefing Before the Task Force to Study Group Home Education and Placement Practices**

**Pamela W. Barclay  
Director, Center for Hospital Services**

**Annapolis, Maryland  
December 10, 2007**

1

## **Maryland Certificate of Need Program**

- **What requires a CON?**
- **What is the process for obtaining a CON?**
- **What are key trends in the types of projects reviewed?**

2

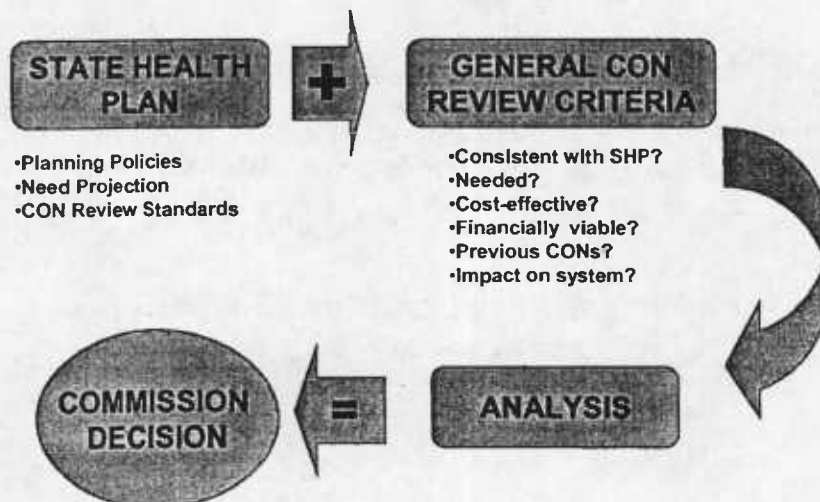
## What Requires a Certificate of Need?

### A CON is required:

- Before a new health care facility/service is built, developed, or established:
  - Hospitals
  - Nursing homes
  - Ambulatory surgical facilities (2 or more ORs)
  - Residential treatment centers
  - Intermediate care facilities (substance abuse/DDA)
  - Home health (Medicare-certified)
  - Hospice agencies
- For certain patient-care related capital expenditure projects (e.g., construction, renovation) that involve a health care facility.
  - Current capital expenditure threshold = \$10,100,000 (Hospitals) and \$5,050,000 (All Other Facilities)
- Before a new, highly specialized service is developed by a hospital:
  - Open Heart Surgery
  - Organ Transplant Surgery
  - Neonatal Intensive Care
  - Burn Care

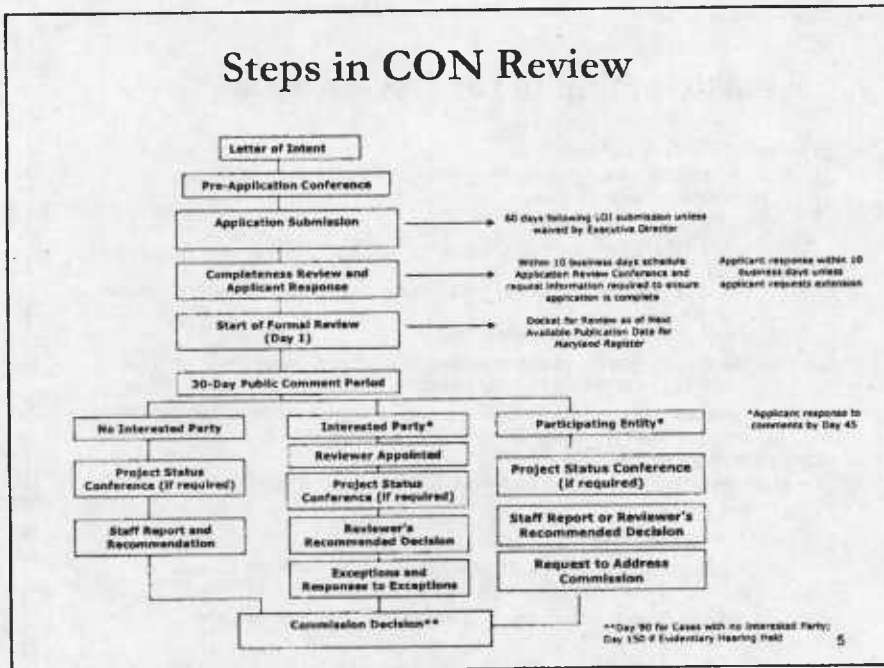
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## Overview: CON Review Process



4

## Steps in CON Review



## Key Trends in Health Care Facility Projects

### Acute Care Hospitals

- Replacement Hospital Facilities
- Other Large Capital Projects Involving Combination of the Following:
  - Emergency Departments
    - Increased Number of Treatment Beds
    - Observation/Admission Units
  - Operating Rooms
    - Increased Number of Operating Rooms
    - Larger Operating Rooms
  - Bed Capacity
    - Increased Number of ICU and Medical-Surgical Beds
    - Private Rooms
  - New Services
    - Rehabilitation
    - Obstetrics

### Nursing Homes

- Bed Capacity
  - Replacement Nursing Home Facilities
  - Private Rooms
  - Redevelopment of Off-Line Capacity

### Ambulatory Surgery Facilities

- Surgical Capacity
  - Increased Number of Operating Rooms
  - Hospital-Affiliated FASF

### Specialized Health Care Services

- New Services
  - Primary and Elective Angioplasty (Walver Process)
  - NICU

6

## Participation in the Review Process

### ■ Interested Parties

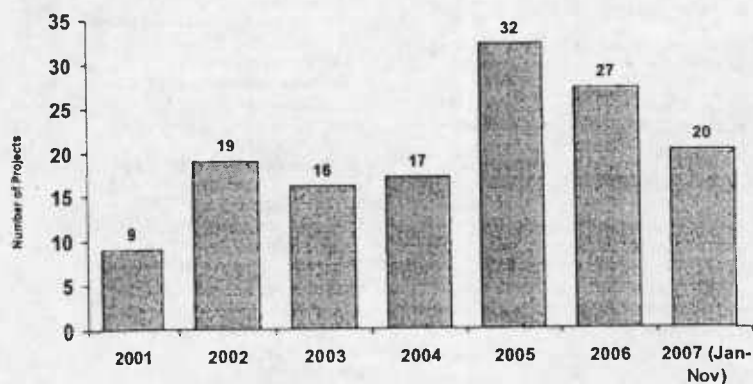
- Must be officially recognized by a Commissioner Reviewer
- Automatic interested parties:
  - ✓ Applicant
  - ✓ Commission staff
  - ✓ Local health department in jurisdiction or applicable planning region of project
- Others who may qualify as interested parties:
  - ✓ Third party payors demonstrating "substantial negative impact on overall cost to the health care system if the project is approved"
  - ✓ Persons demonstrating "adverse affect" by approval of project in an issue area over which Commission has jurisdiction

### ■ Participating Entities

- Must be officially recognized by the Executive Director
- Limited to:
  - ✓ A third-party payor
  - ✓ A jurisdiction in the health planning region where the project is located that is used for purposes of determining need under the SHP
  - ✓ A municipality where the proposed project will be located

7

## Number of Certificate of Need Projects: Maryland, 2001-2007

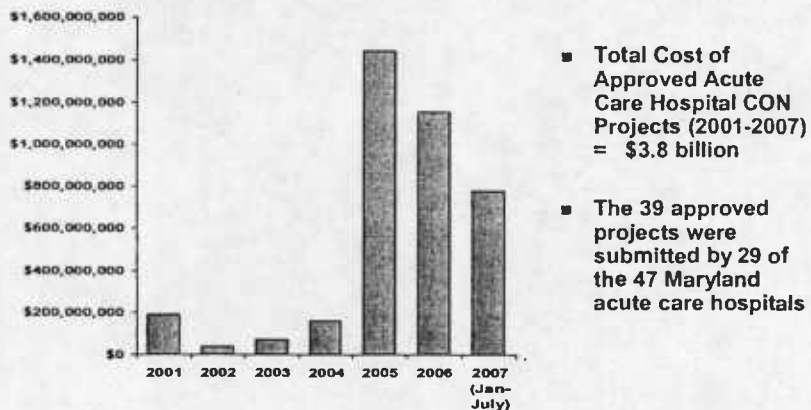


Source: Maryland Health Care Commission [Data reported includes the following: projects approved (new and modified CON projects), projects denied, and projects relinquished, returned, revoked, and withdrawn or vacated. The reporting period refers to calendar years.]

Note: Data reported for 2006 excludes 11 Primary PCI waiver applications acted on by the Commission. Data for 2007 includes 13 Primary PCI waiver applications acted on by the Commission.

8

### Total Cost of Approved Acute Care Hospital CON Projects: Maryland, 2001-2007



Source: Maryland Health Care Commission

9



For Additional Information:

<http://mhcc.maryland.gov/certificateofneed/index.aspx>

10



**§ 4-122. Funding for education of children in out-of-county living arrangements.**

**(a) Definitions.-**

(1) In this section the following words have the meanings indicated.

(2) "Child in an out-of-county living arrangement" means a child who is placed by a State agency, a licensed child placement agency as provided by § 5-507 of the Family Law Article, or a court in a county other than where the child's parent or legal guardian resides. "Child in an out-of-county living arrangement" does not include a child living with a relative, stepparent or a person exercising temporary care, custody or control over a child at the request of a parent or guardian of the child.

(3) "Financially responsible county" means the county where the parent or legal guardian of a child in an out-of-county living arrangement resides. If the parents of the child live apart, the financially responsible county is:

- (i) The county where the parent who has been awarded custody of the child resides;
- (ii) If custody has not been awarded, the county where the parent with whom the child lives when not in a foster care home or residential facility resides;
- (iii) If custody has been awarded to both parents and the parents reside in different counties, both counties shall be considered financially responsible and shall pay one-half the amount as computed in accordance with subsection (c) of this section, except that if the child receives a public education in a county where a parent resides, this subparagraph shall not apply; or
- (iv) If custody has been awarded to both parents and one parent resides in a county and the other resides out-of-state, the county shall be considered the financially responsible county.

(4) "Local current expense per student" means all expenditures made by a county from county appropriations, except State, federal, and other aid, for public elementary and secondary education in the prior fiscal year, divided by the full-time equivalent enrollment, as defined in § 5-202(a) of this article.

(5) "Service providing local education agency" means the local education agency for the county where a child in an out-of-county living arrangement is placed.

**(b) Right of child to receive education.-**

(1) A child in an out-of-county living arrangement shall receive an appropriate education from the service providing local education agency.

(2) The service providing local education agency shall include a child enrolled as the result of an out-of-county living arrangement in their full-time equivalent enrollment as provided by § 5-202(a)(6) of this article.

**(c) Payments by counties.-**

(1) Except as provided in paragraph (4) of this subsection, for each child in an out-of-county living arrangement enrolled in a public school program on December 31, the financially

responsible county shall pay the service providing local education agency an amount equal to the lesser of:

- (i) The local current expense per student in the financially responsible county; or
- (ii) The local current expense per student in the service providing local education agency.

(2) If the service providing local education agency determines that a child in an out-of-county living arrangement is handicapped and needs public school Intensity IV or V Special Education Services, the financially responsible county shall pay the service providing local education agency for each such child an amount equal to the lesser of:

- (i) Three times the local current expense per student in the financially responsible county;

or

- (ii) Three times the local current expense per student in the service providing local education agency.

(3) (i) If the local current expense per student in the financially responsible county is less than the local current expense per student in the service providing local education agency, the State shall pay to the service providing local education agency the difference for each student in an out-of-county living arrangement who attends a public school in the service providing local education agency.

- (ii) The necessary funds shall be provided in the appropriation to the State Board.

(4) If the service providing local education agency determines that a child in an out-of-county living arrangement is handicapped and needs a nonpublic educational program as provided by § 8-406 of this article, the financially responsible county shall pay for each such child the amount provided by § 8-415 (d)(3) of this article.

*(d) Notice and determination; appeals; computation of local current expense; failure of county to make payment.-*

(1) Each service providing local education agency shall notify the State Superintendent of the name of each child in an out-of-county living arrangement as of December 31 of each year and make a preliminary determination of the financially responsible county for each child. The service providing local education agency shall send a copy of this notice to the financially responsible county by January 31, and at the same time shall send the notice to the State Superintendent.

(2) The county which was initially determined to be financially responsible may appeal that determination to the State Superintendent within 30 days of the date on which the notice was mailed.

(3) The State Superintendent shall decide all appeals which are made under paragraph (2) of this subsection, and make a final determination regarding the financially responsible county for each child in an out-of-county living arrangement.

(4) By January 15 of each year each county board shall provide the State Superintendent the data necessary to compute the local current expense per student under this section.

(5) If by May 15 a financially responsible county fails to make the required payment to a service providing local education agency, the State Superintendent shall deduct from the next payment

of State aid to the financially responsible county an amount equal to the amount owed under this paragraph and shall pay those funds to the service providing local education agency.

(e) *Liability of out-of-state agencies.*-

(1) Except as provided in paragraph (2) of this subsection, out-of-state agencies that place a child in a foster care home or residential facility in Maryland shall be liable for the costs of the child's education, including transportation.

(2) The provisions of paragraph (1) of this subsection do not apply to out-of-state agencies that place a child for adoption.

(f) *Regulations.*- The State Board may adopt regulations which implement this section.

[1986, ch. 123; 1996, ch. 10, § 16; ch. 252; 1998, ch. 21, § 1; 2000, ch. 61, § 1; 2002, ch. 19, § 9; 2003, ch. 21, § 7; ch. 113; 2005, ch. 25, § 1; 2006, ch. 44.]

## **Task Force To Study Group Home Education And Placement Practices**

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### **February 4, 2008 Meeting**

- Agenda
- Minutes
- Youth Today Article
- Draft Legislation-Definitions
- Draft Legislation-Statement of Need
- Draft Legislation-Report Cards
- Draft Legislation-Bill of Rights
- Education Workgroup presentation

**TASK FORCE TO STUDY GROUP HOME  
EDUCATION AND PLACEMENT PRACTICES**

**AGENDA  
February 4, 2008  
1:00-3:00 pm**

|                    |                     |  |  |
|--------------------|---------------------|--|--|
| <b>1:00 - 1:05</b> |                     | <b>Welcome and Introductions</b>               | <b>Sen. Zirkin</b>                     |
| <b>1:05 - 1:10</b> | <b>Action</b>       | <b>Review and approval of 12/17/07 Minutes</b> | <b>All</b>                             |
| <b>1:10 - 1:30</b> | <b>Presentation</b> | <b>Performance Based Contracting</b>           | <b>Jim McComb</b>                      |
| <b>1:30 - 1:50</b> | <b>Presentation</b> | <b>Definitions Workgroup</b>                   | <b>Sec. DeVore</b>                     |
| <b>1:50 - 2:10</b> | <b>Presentation</b> | <b>Education Issues Workgroup</b>              | <b>Sherry Meisel<br/>and Jody King</b> |
| <b>2:10 - 2:30</b> | <b>Presentation</b> | <b>Group Home Expectations Workgroup</b>       | <b>Tim Griffith</b>                    |
| <b>2:30 - 2:45</b> | <b>Presentation</b> | <b>New Legislation</b>                         | <b>Sen. Zirkin</b>                     |
| <b>2:45 - 3:00</b> | <b>Discussion</b>   | <b>Next Steps</b>                              | <b>All</b>                             |

**TASK FORCE TO STUDY GROUP HOME  
EDUCATION AND PLACEMENT PRACTICES**

**NOTES**  
**February 4, 2008**  
**1:00-3:00 pm**

**ATTENDEES**

**Task Force Members:**

Dolores Briones  
Sheryl Brissett-Chapman  
Donald DeVore  
Brenda Donald  
Barbara DiPietro  
Cheri Gerard  
Tim Griffith

Frank Kros  
Karyn Lynch  
Jim McComb  
Steven Sorin  
Shelley Tinney  
Robert Zirkin  
Michael Malooly for Sen. Muse

**Guests:**

Adele Black, DHR  
Jodi King, MSDE  
Carmen Brown, DHR  
Kevin Drumheller, Mosaic, Inc.  
Marlana Valdez, OAG/IJMU  
Maryanne Joynes, Potomac Ridge at Anne Arundel

Muriel Hesler, Montgomery Co. government  
Michael Jones, Guide Programs  
Lori Doyle, Community Behavioral Health  
Debbie St. Jean, OPD

**Review and approval of 12/10/07 Minutes**

The meeting notes of 12/10/07 were approved with no changes.

**Alternative Procurement/Performance Based Contracting**

**Jim McComb** completed the report from the Alternative Procurement workgroup by giving a presentation on performance based contracting. See power point handout. He mentioned that the University of Kentucky has a federal grant to study the privatization of child welfare and there may be some information from that study that is pertinent to the discussions of this task force. He suggested inviting someone from UK to present to the group.

**Definitions Workgroup**

**Sec. DeVore** presented a draft of proposed legislation on definitions for group homes. (See handout) **Frank Kros** asked if this is intended to pertain to homes that have schools not on the same campus? **Sec. DeVore** answered no. **Kathleen Aaron** asked if this is intended to pertain only to DJS contractees. **Sen. Zirkin** responded that it would pertain to all regardless of licensing or contracts. **Jim McComb** stated that there is a history of



not calling homes that are not Joint commission accredited treatment centers. In homes that have education programs, not all kids should or do attend them. He also pointed out that program profiles and LOI were created to distinguish differences between programs. **Steve Sorin** asked if the intention is to have rate determination removed from IRC. **Sec. DeVore** responded yes. **Kathleen Aaron** asked about how LOI impact rates. **Steve Sorin** provided an explanation of how LOI are used in rate setting. **Frank Kros** said that the assumption that a home that provides all services necessarily needs higher rates is not necessarily accurate. Homes that provide more integration and transition actually are a higher level of services. **Sec. DeVore** stated that the group needs to work on this together but he was insistent that the state needs a new set of definitions. **Barb DiPietro** asked how DJS setting rates for their programs affect the ability to set rates for others. **Steve Sorin** explained that it is the type of program drives rates not who licenses it. If these definitions apply only to DJS licensed facilities and DJS sets its own rates for programs, it would have significant impact on the other agencies. **Sec. DeVore** stated that a subgroup to be put together to work on this and **Sen. Zirkin** said he would not introduce this legislation today.

### New Legislation

**Certificate of Need** **Sec. Donald** presented a draft of legislation that would only allow new homes and expansions to be determined only by the secretaries of licensing agencies. This would include license renewals. Each department would license and monitor its own homes and there would no longer be a need for the SPE gatekeeper function. She stated that the current process does not address the needs of the departments. **Barb DiPietro** indicated that DHMH is satisfied with the current process and does not want her agency to have to take on the function now performed by GOC. **Sec. Donald** responded that function could be done in other ways. **Sheryl Brissett Chapman** asked if a home is due for renewal and the department determined there is no longer a need for that particular services, would they be given the opportunity to retool? **Sec. DeVore** stated that this is where report cards would come into play. **Jim McComb** said lets make sure that we're not solving the wrong problem. He pointed out that the proliferation occurred before SPE was created and we now have a system, which requires a program to demonstrate ability, but the decision to license is still with the licensing agency. **Sen. Zirkin** asked what is the value to have someone go through the process if they won't get a license? **Sec. Donald** responded that under the current system if a provider meets the licensing requirements the department is obligated to license regardless of need. **Sen. Zirkin** suggested that GOC would not be taken out of the equation but could only take proposals when the departments have indicated a need. **Kathleen Aaron** asked how would this impact the state resource plan? **Sec Donald** said the plan is a good foundation, but DHR is just now embarking on a needs assessment of its own. The plan only looks at existing resources and where the kids are. We need to look at the actual needs of kids and let resource development flow from that. Communities will be more accepting of homes if they know the kids are from that community. **Executive Director Briones** observed that this is a shift from a supply based approach to a demand based approach and the state needs to help providers know what it will take to become licensed. **Frank Kros** state that he understands changing the process for new homes however the statement about renewal is of concern. This could have an unintended consequence of

losing good providers. **Sec. Donald** responded that this won't happen overnight but we will lose providers through attrition over time and providers will have time to plan. **Sheryl Brissett-Chapman** stated that costs are going up with certification of administrators and outcomes requirements. Supply will go down but costs will go up. **Jim McComb** inquired whether these bills go forward as a recommendation from the Task Force. **Sec. Zirkin** said no, this is just a discussion we have been having here.

**Sec. Donald** presented a draft bill on report cards. Although the bill says by 2010, she would like to see it go into effect sooner. She would like to convene a workgroup that includes providers and members of the youth council to develop the template. **Carmen Brown** stated that template has been developed internally at DHR and shared with DJS. It is based on regulations, contractual obligations, the new outcomes and complaints and incident reports. **Sheryl Brissett-Chapman** expressed concern about inconsistency in incident reporting by providers and how that might impact report cards. **Tim Griffith** asked if there is a central log of incident reports. The answer is no. **Carmen Brown** indicated that the state would need to specify definitions and criteria for reporting. DHR is working with Casey to determine how to publish, probably on licensing websites. **Frank Kros** asked what effects might the report cards have on placement and rates. **Jim McComb** stated that he has no reason to object to report cards, but this won't tell you when kids are well taken care of or safe. **Sen., Zirkin** indicated this is just a skeleton of what would be reported and he feels it should include performance measures. **Sheryl Brissett-Chapman** stated that this is a compliance model and not an outcomes driven model. She expressed concern that there is no mechanism for reconciliation between the state and the provider. She asked what is the oversight accountability for the state. She feels this is overkill and that the state should focus on what it really wants and let the current system do what it needs to do. **Karyn Lynch** believes the public needs information about what is expected, who is responsible and what is happening in the homes. She also stated that she is glad to see the bill of rights includes non-discrimination on the basis of sexual orientation, but it needs to include access to education. **Sheryl Brissett-Chapman** believes all group homes should have community advisory committees. **Jim McComb** would like to see language that would require CC agencies have to work with providers on the development of report cards.

**Sen. Zirkin** stated he would introduce the legislation on report cards, bill of rights and statement of need before the 5pm deadline today.

#### Education Issues Workgroup

**Sherry Meisel** and **Jody King** gave a presentation on behalf of this workgroup on educational outcomes for youth in out of home placement, methods of delivery of education services in group homes and challenges and recommendations. (See Handout)

**Karyn Lynch** reported that it is a real challenge to get children in group homes and foster care enrolled in school in a timely, efficient manner. **Sherry Meisel** stated that DJS and MSDE hosted a conference on re-entry not long ago. She reported that there is an interagency structure but not always implemented consistently. It addresses access but not supporting youth once enrolled. A work group was formed to further address the

issue. She will provide additional information from that conference. **Kathleen Aaron** asked if are we looking at opportunities to keep kids in the same school even when they change placements. **Sec. Donald** responded that we have to focus on placing youth near their homes first and the school placement will follow. **Sen. Zirkin** asked what are the homes required to do about kids who are behind or during the summer. **Sherry Meisel** responded that group homes that have school are required to have summer programs, and youth who have certain IEP needs are required to have school year round. **Jim McComb** state that the requirements are in law. DHR and MSDE collaborated on a handbook , however 2 chapters not complete yet. The handbook is on the agency websites. He stated that some people believe the McKinney-Vento Homeless Assistance Act applies to children in foster care. **Sen. Zirkin** asked what percentage of youth in group homes are getting summer ed opportunities. **Jodi King** responded there are some opportunities offered by the public schools if youth need assistance, but it is not dependent on being in a group home.

#### **Group Home Expectations Workgroup**

**Tim Griffith** reported that this group is charged with determining whether there are standardized assessment tools to determine needs and what is it we expect group homes to do. He reported that the Children's Cabinet approved a report on outcomes that recommends the use Child and Adolescent Needs and Strengths (CANS) and Child and Adolescent Service Intensity Instrument. The developer of the CANS, John Lyons, indicated that several states are also using the CANS to determine level of care. It would need to be tailored to Maryland's specific needs. He reported that CANS being used in wrap, treatment foster care and outcomes. The state should consider using across systems. This group has not finished its work.

# YOUTH *today*

the newspaper on youth work

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## Local Schools Give Youth Workers More Class

Low cost, easy access make community colleges ideal for staff training.

By Martha Nichols

Catonsville, Md. - Assistant Professor Lisa Boone raps a finger on the papers in her hand, the picture of an overbearing adult - even though she's leading a classroom of adults. "Does it work," she asks her 15 students, "if you're standing over a child with a clipboard, saying, 'Where do you like to go when you're upset?'"

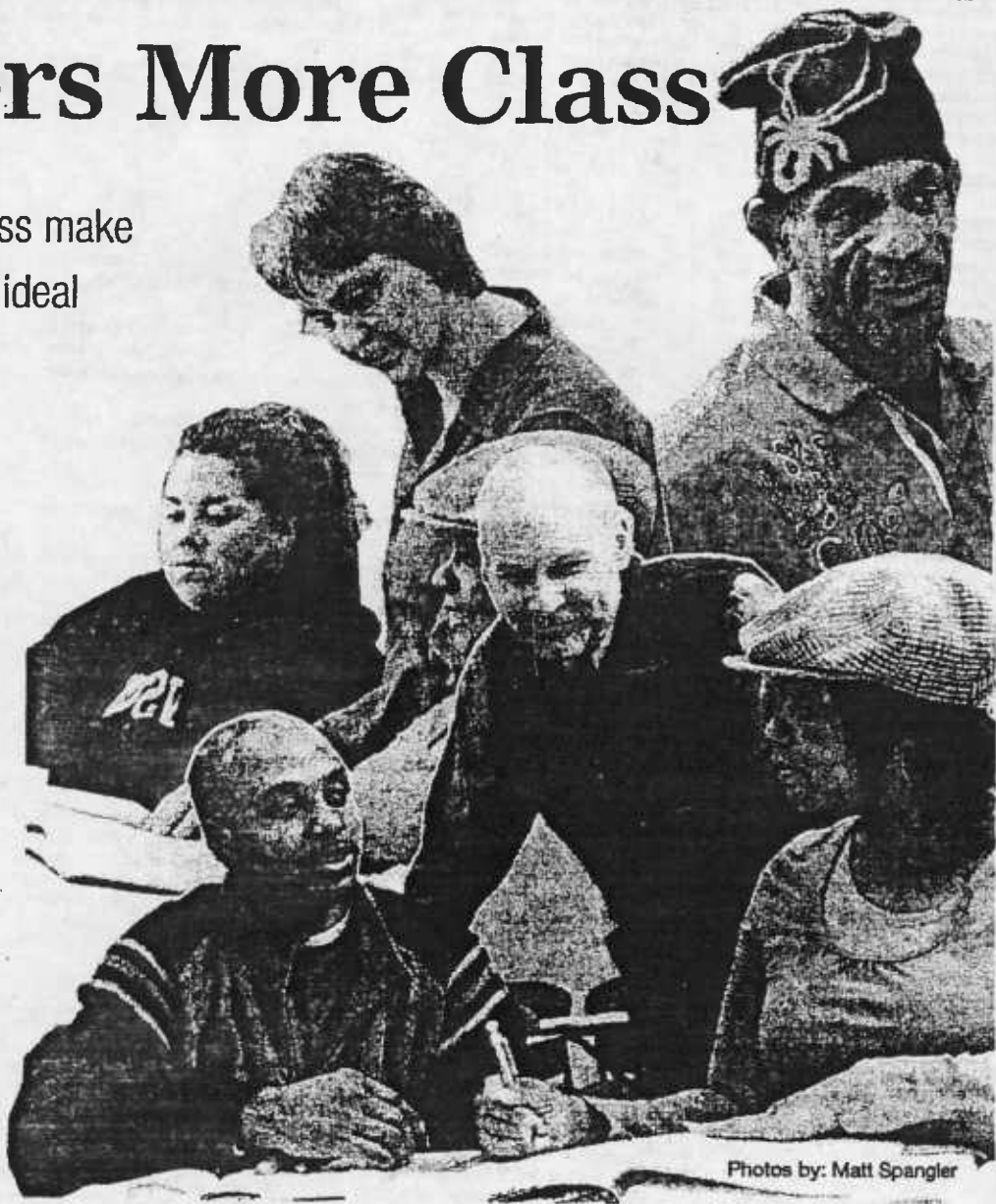
They shake their heads. They talk about lowering their bodies to the child's height. They take notes from a PowerPoint presentation. Some sprawl in their chairs, but considering that this is a three-hour afternoon class in a windowless room, they're focused and alert.

They are the first students in a new youth worker certificate program at a community college - the kind of initiative that could be one of the most realistic ways to boost the education and quality of youth workers nationwide.

The program at the Community College of Baltimore County (CCBC) joins a

slowly growing roster of youth-work certificate programs at community colleges that have popped up since 2000 in places like Chicago, San Diego, Kansas City, Mo.,

*Continued on page 6*



Photos by: Matt Spangler

**Community of Learning:** Youth workers and teachers (standing) gather for a new class at Baltimore County Community College.



# Community Colleges, of Course

Continued from page 1

and Hampton, Va.

That's good news for the profession, say advocates of youth worker training. With their flexibility and low cost, community colleges are more accessible and less daunting than four-year schools – especially for “nontraditional students,” such as youths who struggled through high school and adults launching new careers. They provide training for those already on the job and a pipeline to recruit new youth workers – two things agency managers and staffers say the field desperately needs.

A community-college model “seems philosophically, financially and professionally the appropriate place to start,” contends Michael Heathfield, former coordinator of training programs at the Chicago Area Project and now coordinator of social work and youth work programs at the city's Harold Washington College.

“If you start at a B.A. or master's level” with education programs, Heathfield says, “you're going to make it very difficult for people to get there.”

So why aren't youth-work programs more common at community colleges? First, there is the need to convince college administrators that students will show up. Filling seats is a mantra for higher-education bureaucrats. Will poorly paid youth workers pony up the cash to fill classroom seats?

Then there's the fact that few program planners talk to one another, even about the most promising curricula or best practices. Many of the certificate programs are unknown beyond their own neighborhoods. Few of the organizations angling to create certificate or degree programs in youth work communicate beyond the borders of their college campuses, let alone across state lines.

The lack of communication is familiar: American youth work is littered with isolated programs, information silos and good ideas that don't get widely shared.

The central lesson here is that it takes buy-in from other partners – be they youth-serving agencies, trade associations or churches – to get community college programs off the ground. Certificate programs like those of Harold Washington College and CCBC show how it's done.

## Getting on Campus

Although CCBC at Catonsville is set on a bucolic hill west of Baltimore proper, its 1960s' concrete-block architecture and vast parking lots give it the uninspiring look that is typical of community colleges. But it's the word “community” that highlights their primary virtue: They're everywhere.

The American Association of Community Colleges estimates the number nationally at about 1,600, including branch campuses.

For decades, they've also been sites for work-force training, with certificate programs for various professions that are pushed (and often subsidized) by local employers. Take Harold Washington in Chicago, which offers certificates in food sanitation, digital multimedia, accounting – and, in recent years, youth work.

Community colleges rarely drive new programs by themselves, but they are open to creative funding schemes. The Child and Youth Care

Youth Care” – began last fall, the program officially launches this year.

MARFY recruits students for the classes from member agencies, whose membership fees help support the program.

## Agencies Launch Courses

In other places, local youth-serving organizations have initiated the college programs. One key: helping to pull in students, especially with a curriculum that has already been tested.

For example, the Career Studies

training through the project; the city underwrites it. In turn, the project recruits students from its AYD training programs for the Harold Washington College certificate programs.

Providing a college with various forms of aid – such as curriculum, staff and administrative back-up – is the most realistic way to get on campus. In 2002, the Chicago Area Project began offering youth development classes at another campus of the city college system, for which students earned no college credit. By 2003, students could earn credit at Harold Washington College for those classes. The agency handles registration, recruitment and evaluation of the youth work program for the college, and subsidizes student tuition.

Students can now work toward a Basic Certificate in Social Work, Youth Work (15 credit hours), an advanced certificate (30 credit hours) or an associate's degree (60 credit hours). At CCBC Catonsville, the certificate requires 24 credit hours.

Whether front-line workers need an advanced degree instead of a certificate is hotly debated. “You need a range of stepping-off points,” Heathfield says. “You can't treat students like this coherent block of people” with the same educational goals, “because they're not.”

## If You Pay, They'll Go

Youth work is filled with the kind of nontraditional students that attend community colleges. In the middle of a November day at CCBC Catonsville, an even mix of minority and white students flows through the cafeteria and bookstore. The average age of community college students is 29, according to the community college association. At Catonsville, however, most appear to be in their late teens or early 20s, decked in do-rags, low-slung jeans and nascent beards.

There's potential here for recruiting 19-year-olds who've never walked through a youth agency's door. At Catonsville, the introductory course will open this spring to a few hand-picked students from what Professor Boone calls the “general population” of the college's Human Services Program.

But training and retaining current youth workers is the primary objective. The fall class at Catonsville had 31 students enrolled in two sessions. The 15 on hand in November ranged in age from their 20s to 40s; most were African-American. Boone and her co-instructor, Kevin Mick, are middle-aged whites – she with short blonde hair and glasses, he with a salt-and-pepper beard.

(Boone says the turnout is usually about 70 percent, as students miss classes because of work or other training. Twenty-five of the 31 students completed the course.)

## What Youth Workers Get from College Classes

“The vast majority of them [youth workers] want to be good at what they do,” says Veronica Ortega Welch, who co-directs the San Diego BEST Initiative and is a faculty member at San Diego City College. “They so thrive on getting together with others in the field.”

Following are some comments from students in the fall course at the Community College of Baltimore County in Catonsville, which were made in person and through an evaluation that asked about “the most useful piece of information” from the class:

“The new guidelines for how we handle the clients and restraints.”

“The reporting child abuse/neglect was very important. I went back to my agency and asked questions about this.”

“Trust and boundaries.”

“Learning about different things agencies do that are different from where I work.”

“The communications session, particularly the different types of non-verbal communication a teen uses.”

“The most useful would be the section on communication. Many things can happen as a result of poor communication. Hearing some of my classmates' stories made this section the most useful.”

“A lot of times, I look at what I do from the small perspective as a direct-care provider. But I've learned a lot about seeing youths' perspectives through their eyes.”

“All of it.”

Practitioner Certificate Program at CCBC would have been a glimmer in nobody's eye without the Maryland Association of Resources for Families and Youth (MARFY). Through a serendipitous connection – a CCBC dean served on the board of the nearby Children's Home, one of MARFY's 60-plus member agencies – a link was forged between the state trade association and the college.

The CCBC program came together in under a year – hyperspeed compared with curriculum development at four-year colleges. “We had sticky notes all over the room,” recalls Heidi Holland, MARFY's deputy director of training and work force development, describing a two-day session with a curriculum facilitator.

MARFY seeded the certificate program last year with an \$85,000 grant. Even though the first class – “Introduction to the Field of Child and

Certificate in Youth Development at Thomas Nelson Community College in Hampton, Va., was created in 2001 by the college and Alternatives Inc., a youth-development agency. Alternatives designed two core courses for the certificate program and still provides its staffers to teach them.

The program is based on the Advancing Youth Development (AYD) curriculum, which the Academy for Educational Development began in the 1990s. Alternatives has also contracted with the Virginia Baptist Mission Board to teach its youth-development classes to ministers around the state.

In Chicago, the venerable Chicago Area Project (a pilot site for AYD) has built several tiers of youth-work certificates. If a youth-serving program receives city money, Heathfield notes, employees are required to attend AYD

At an average cost of \$250 or less per three-credit class, a good chunk of tuition in community college programs is often covered by a worker's agency, financial aid or a nonprofit partner. Whether youth workers would pay for such classes on their own is

credentialing of Great Britain, Australia and Canada, the United States is like the Wild West. Most U.S. programs have been around for only a few years. They go by different names and are housed in various academic departments.

certificate or equivalent degree will allow youth workers to sit for a qualifying exam, which they must pass by 2013. That could affect 10,000 workers statewide, according to Boone and Holland at MARFY.

"If Maryland can do it, then Ohio will follow," says Chip Bonsutto, president of the Association for Child and Youth Care Practice, and a veteran of legislative efforts to create youth work certification in Ohio.

But while the planners of community college programs could learn from each other, there is little information-sharing among them. Take the Catonsville CCBC program, which plans to create eight new courses from scratch. (Two are completed.) In comparison, Thomas Nelson Community College and San Diego City College offer two AYD-derived youth work courses and fill in the rest of the certificate package with existing college classes.

Asked if she'd heard of the AYD curriculum and its community-college spin-offs, Professor Boone at Catonsville said no. Neither had MARFY Executive Director Jim McComb, a gray eminence in the legislative battle over standards for youth workers in Maryland.

"I'm a little bit territorial about the child and youth-care program," Boone acknowledges. "But the last thing I want to be doing is recreating the wheel."

Some national organizations seem to be treading the same path, laboriously researching and culling the core competencies of youth work. A partial roll call: the National Youth Employment Coalition, National Collaborative on Workforce and Disability for Youth, Next Generation Youth Work Coalition, Child and Youth Care Certification Board, and American Humanics.

All that fermenting is fine, but the need for a broad consensus remains, as well as for a foundation to bring everyone together. "There's nothing unusual about what we offer here," says Jerry Kitzi of the youth-work certificate programs in the Metropolitan Community College system of Kansas City, Mo.

Kitzi, director of the Francis Child Development Institute at the college's Penn Valley campus, adds that mov-

ing toward national standards "will help get youth work up where it needs to be." But "like any new innovative idea, foundations haven't leapt in yet."

Even the AYD curriculum is still under the radar, admits Elaine Johnson, who directs an institute within the Academy for Educational Development that supports the academy's BEST Initiative (Building Exemplary Systems for Training Youth Workers). She says four BEST organizations have community-college partnerships, and "that's very small when you think there are over 27 communities offering AYD trainings."

This lack of interaction is one reason that Heathfield of Chicago and Pam Garza of the Next Generation Youth Work Coalition recently organized the Higher Education Learning Group, a committee of key players from around the country. The group plans to track and map all youth-work certificate programs.

"The people doing this work are starving to talk to each other," Garza says.

Youth workers may be the hungriest of all. During the November class, Boone asks her students, "How many of you have kids where this is their first holiday out of their home?"

Hands shoot up. One student tells of a young client whose father died a week earlier. The others lean closer, offering their own stories and advice.

They learn from each other.

*Martha Nichols is a veteran journalist who covers the work force for Youth Today under a grant from Cornerstones for Kids. mnichols@youthtoday.org*



Exchanging Experiences: Christina Rahley, standing, of Arrow Project Crossroads, talks with fellow students.

an open question. All the students in the Catonsville class came from MARFY member agencies, and all but one had the tuition paid by their agencies. Several students made clear they wouldn't attend "if my agency didn't tell me to."

As with those at youth-work certificate programs around the country, many here believe a certificate will lead to better pay or to promotions.

The students also point to intangible benefits. "Knowledge is never a waste," says Kelly Cave, a residential counselor at the Arrow Project in Baltimore. "It's great to be in a room with people who do what I do."

"I've learned to be a better employee from this one class," says student Stratton Clark. "We're hitting some topics that are very real to what we do in our daily activities: burn-out, turnover rate."

A retired corrections officer, Clark is now a mental health specialist at the Woodbourne Center in Baltimore, a residential treatment facility for adolescent boys. He works in the sexual offenders unit.

Clark sees the class as a stepping-stone to a bachelor's degree in the field (he earned a bachelor's degree in business administration in 1982) and possibly a master's. "A lot of my classmates are around my age," Clark says, "so they must be there for more reason than pay."

## Not Sharing

No one knows the exact number of youth work certificate programs at U.S. community colleges. Compared with the national requirements and



Thinking Cap: Tyrone Jones of Our House weighs in.

Most, however, have similar requirements. Full-time students can finish in a year, although many take longer to get a certificate.

Some see a growing incentive to create more such programs. Partly because of MARFY's dogged advocacy, Maryland is set to become what the association says is the first state to require certification of all youth workers in residential settings. Pending legislative approval this year, a CCBC

## Resources

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Bill No.: \_\_\_\_\_

Requested: \_\_\_\_\_

Committee: \_\_\_\_\_

Drafted by: Joyce

Typed by: Lauren

Stored - 01/30/08

Proofread by ☒ \_\_\_\_\_Checked by ☒ \_\_\_\_\_By: **Senator Zirkin****A BILL ENTITLED**

1 AN ACT concerning

2 **Department of Juvenile Services - Definitions of "Group Home" and**  
3 **"Institution"**

4 FOR the purpose of clarifying that a "group home" in the Department of Juvenile  
5 Services means a community based residential program that serves a certain  
6 number of youths and includes group homes that offer different levels of  
7 services; clarifying that an "institution" in the Department includes congregate  
8 care youth centers that provide a high level of care for moderate to high risk  
9 youth in campus style settings and which serve a certain number of youths; and  
10 generally relating to group homes and institutions in the Department of  
11 Juvenile Services.

12 BY repealing and reenacting, with amendments,

13 Article - Human Services

14 Section 9-231

15 Annotated Code of Maryland

16 (2007 Volume)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
18 MARYLAND, That the Laws of Maryland read as follows:

19 **Article - Human Services**

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**EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**

[Brackets] indicate matter deleted from existing law.



20 9-231.

21 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE  
22 MEANINGS INDICATED.

23 (2) "GROUP HOME" MEANS A COMMUNITY-BASED RESIDENTIAL  
24 PROGRAM THAT SERVES EIGHT OR FEWER YOUTHS, INCLUDING:

25 (I) LEVEL ONE GROUP HOMES THAT PROVIDE ALL  
26 SERVICES TO RESIDENTS WITHIN THE CONFINES OF THE GROUP HOME,  
27 INCLUDING EDUCATIONAL AND CLINICAL SERVICES;

28 (II) LEVEL TWO GROUP HOMES IN WHICH SERVICES TO  
29 RESIDENTS ARE PROVIDED IN THE COMMUNITY, INCLUDING EDUCATIONAL AND  
30 CLINICAL SERVICES, COMMUNITY ACTIVITIES, AND EMPLOYMENT  
31 OPPORTUNITIES; AND

32 (III) LEVEL THREE GROUP HOMES IN WHICH SERVICES TO  
33 RESIDENTS ARE AVAILABLE ON THE PREMISES BUT MAY BE RECEIVED IN THE  
34 COMMUNITY BY THE RESIDENTS.

35 (3) "INSTITUTION" INCLUDES A CONGREGATE CARE YOUTH  
36 CENTER THAT PROVIDES A HIGH LEVEL OF CARE FOR MODERATE TO HIGH RISK  
37 YOUTH IN CAMPUS STYLE SETTINGS AND THAT SERVES EIGHT OR MORE  
38 YOUTHS.

39 [(a)] (B) The Department may place children in group homes and  
40 institutions operated by nonprofit or for-profit entities to provide for their care,  
41 diagnosis, training, education, and rehabilitation.

42 [(b)] (C) (1) The Department shall reimburse the entities described in  
43 subsection (a) of this section for the cost of the services at appropriate monthly rates  
44 that the Department determines, as provided in the State budget.

45 (2) The Department may establish different reimbursement rates for  
46 GROUP homes and institutions that provide intermediate services and GROUP homes  
47 and institutions that provide full services.

8lr2344

48            [(c)] (D)     The Department may not place a child in a group home or other  
49 residential facility that is not operating in compliance with applicable State licensing  
50 laws.

51            SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
52 October 1, 2008.

Bill No.: \_\_\_\_\_

Requested: \_\_\_\_\_

Committee: \_\_\_\_\_

By: Senator Zirkin

Drafted by: Smulski

Typed by: David

Stored - 01/22/08

Proofread by \_\_\_\_\_

Checked by \_\_\_\_\_



## A BILL ENTITLED

1 AN ACT concerning

2 Residential Child Care Programs - Certificate of Need

3 FOR the purpose of requiring a certificate of need for developing, operating,  
 4 establishing, relocating, or expanding a residential child care program;  
 5 providing certain exceptions; requiring the Governor's Office for Children to  
 6 award a certificate of need to a program based on certain criteria; requiring  
 7 members of the Children's Cabinet to adopt certain regulations; requiring the  
 8 Office to provide notification of certain applications in a certain manner;  
 9 requiring the Office to make certain decisions on an application based on a  
 10 certain plan; providing for the approval of certain applications for certain  
 11 certificates of need; requiring the Office to act on an application for a certificate  
 12 of need within a certain amount of time; authorizing the Office to hold an  
 13 evidentiary hearing under certain circumstances; authorizing certain interested  
 14 persons to submit written comments; requiring the office to issue a certain  
 15 proposed decision; authorizing certain persons to submit exceptions to the  
 16 proposed decision; authorizing the Office to grant multiple certificates of need  
 17 under certain circumstances; requiring the Office to make a decision on certain  
 18 applications within certain periods of time; authorizing an applicant to file a  
 19 certain petition with a certain court under certain circumstances; providing that  
 20 the Office's decision on an application is the final administrative decision;

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



8lr0892

21 defining certain terms; and generally relating to certificates of need for  
22 residential child care programs.

23 ~~BY repealing and reenacting, without amendments,~~  
24 ~~Article -- Human Services --~~  
25 ~~Section 8-703~~  
26 ~~Annotated Code of Maryland~~  
27 ~~(2007 Volume)~~

28 BY adding to  
29 Article - Human Services  
30 Section 8-703.1  
31 Annotated Code of Maryland  
32 (2007 Volume)

33 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
34 MARYLAND, That the Laws of Maryland read as follows:

35 **Article - Human Services**

36 ~~8-703.~~

37 (a) ~~There is a State Resource Plan for Residential Child Care Programs.~~

38 (b) ~~The purpose of the Plan is to enhance access to services provided by~~  
39 ~~residential child care programs.~~

40 (c) ~~On or before July 1 of each year, the Office shall develop the Plan in~~  
41 ~~consultation with the agencies, providers, counties, child advocates, consumers, and~~  
42 ~~any other State unit, entity, or person that the Office identifies as having relevant~~  
43 ~~information or that is interested in the development of the Plan.~~

44 (d) ~~The Plan shall:~~

45 (1) ~~provide a framework for the Office and the agencies to procure~~  
46 ~~residential child care program services that meet the needs identified in the Plan;~~

- 47 (2) provide the following information on residential child care  
48 programs:
- 49 (i) the county where each program is operated;
  - 50 (ii) the provider for each program;
  - 51 (iii) the actual capacity and utilization rate for each program;
  - 52 (iv) the ages of the children in each program;
  - 53 (v) the county where each child in a program lived at the time  
54 the child entered out-of-home placement;
  - 55 (vi) the services children require and a description of how those  
56 services are being provided;
  - 57 (vii) the agency that placed children in each program; and
  - 58 (viii) any other information the Office or the agencies, providers,  
59 or counties consider relevant;
- 60 (3) identify the types of services needed in residential child care  
61 programs and the estimated number of children requiring those services in each  
62 county;
- 63 (4) identify the counties where the services identified in item (3) of  
64 this subsection are insufficiently supplied;
- 65 (5) establish an incentive fund for residential child care program  
66 development in the counties identified in item (4) of this subsection; and
- 67 (6) identify the reasons children are placed in residential child care  
68 programs outside of the counties where the children lived at the time they entered  
69 out-of-home placement in accordance with § 5-525 of the Family Law Article.
- 70 (e) On or before January 1 of each year, the Office shall report to the  
71 Governor and, in accordance with § 2-1246 of the State Government Article, the



72 Senate Finance Committee and the House Health and Government Operations  
73 Committee on the Plan's findings and recommendations.

74 8-703.1. (2) "LICENSING AGENCY" MEANS:  
(i) THE DEPARTMENT OF HUMAN RESOURCES; AND  
(ii) THE DEPARTMENT OF JUVENILE SERVICES.

75 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE  
76 MEANINGS INDICATED.

77 (2) (2) "CERTIFICATE OF NEED" MEANS A CERTIFICATION OF  
78 PUBLIC NEED FOR THE LOCATION AND ESTABLISHMENT OF A RESIDENTIAL  
79 CHILD CARE PROGRAM ISSUED BY THE OFFICE UNDER THIS SECTION.

80 (3) "INTERESTED PERSON" MEANS:  
(i) IN A COUNTY A LICENSING AGENCY

81 (I) — ANY MEMBER OF THE CHILDREN'S CABINET;

82 (II) — ANY APPLICANT WHO HAS SUBMITTED A COMPETING  
83 APPLICATION;

84 (III) — ANY OTHER PERSON THAT CAN DEMONSTRATE THAT  
85 THE PERSON WOULD BE ADVERSELY AFFECTED BY THE DECISION OF THE  
86 OFFICE ON THE APPLICATION;

87 (IV) — THE LOCAL GOVERNING BODY OF A COUNTY IN WHICH  
88 THE PROPOSED RESIDENTIAL CHILD CARE PROGRAM WILL BE LOCATED; AND—

89 (V) — ANY OTHER PERSON THE MEMBERS OF THE CHILDREN'S  
90 CABINET DESIGNATE BY REGULATION.

91 (B) (1) THE MEMBERS OF THE CHILDREN'S CABINET SHALL ADOPT  
92 REGULATIONS GOVERNING THE APPLYING FOR AND ISSUING OF CERTIFICATES  
93 OF NEED.

94 (2) — THE MEMBERS OF THE CHILDREN'S CABINET MAY ADOPT,  
95 AFTER OCTOBER 1, 2009, NEW THRESHOLDS OR METHODS FOR DETERMINING  
96 THE CIRCUMSTANCES UNDER WHICH A CERTIFICATE OF NEED APPLICATION  
97 MUST BE FILED.

(C) ~~THE OFFICE SHALL ISSUE A CERTIFICATE OF NEED BASED ON:~~

~~AN APPLICATION MAY <sup>NOT</sup> BE SUBMITTED TO THE OFFICE AND A~~

~~(1) A REQUEST FOR THE ESTABLISHMENT OF A RESIDENTIAL~~

~~CHILD CARE PROGRAM FROM THE LICENSING AGENCY FOR THE RESIDENTIAL~~

~~CHILD CARE PROGRAM; AND LICEN<sup>may not</sup>SE GRANTED BY A LICENSING AGENCY FOR  
A RESIDENTIAL CHILD CARE PROGRAM UNTIL A LICENSING AGENCY~~

~~(2) THE PLAN DEVELOPED UNDER § 8-703 OF THIS SUBTITLE.~~

~~ISSUES A STATEMENT OF NEED FOR A RESIDENTIAL CHILD CARE PROGRAM IN A COMMUNITY~~

~~(D) (1) (I) A PROVIDER SHALL HAVE A CERTIFICATE OF NEED~~

~~ISSUED BY THE OFFICE BEFORE THE PERSON DEVELOPS, OPERATES, OR~~

~~PARTICIPATES IN ANY RESIDENTIAL CHILD CARE PROGRAM.~~

~~(H) THE REQUIREMENTS FOR OBTAINING A CERTIFICATE~~

~~OF NEED UNDER THIS SECTION DO NOT APPLY TO A RESIDENTIAL CHILD CARE~~

~~PROGRAM LICENSED BY AN AGENCY BEFORE OCTOBER 1, 2008.~~

~~IN ADDITION TO THE STATEMENT OF NEED REQUIRED~~

~~(D) (2) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (H) OF THIS  
PARAGRAPH, A CERTIFICATE OF NEED IS REQUIRED BEFORE:~~

~~A STATEMENT~~

~~(1) 1. AN EXISTING OR PREVIOUSLY LICENSED~~

~~RESIDENTIAL CHILD CARE PROGRAM IS RELOCATED TO ANOTHER SITE;~~

~~(2) 2. THE PHYSICAL SITE OF A RESIDENTIAL CHILD~~

~~CARE PROGRAM IS EXPANDED OR RENOVATED; OR~~

~~(3) 3. THE NUMBER OF PLACEMENTS IN A RESIDENTIAL~~

~~CHILD CARE PROGRAM IS INCREASED.~~

~~(H) SUBPARAGRAPH (I) 1 OF THIS PARAGRAPH DOES NOT~~

~~APPLY IF:~~

~~1. THE MEMBERS OF THE CHILDREN'S CABINET~~

~~ADOPT LIMITS FOR RELOCATIONS AND THE PROPOSED RELOCATION DOES NOT~~

~~EXCEED THOSE LIMITS; OR~~

~~2. THE RELOCATION IS THE RESULT OF A PARTIAL~~

~~OR COMPLETE REPLACEMENT OF AN EXISTING RESIDENTIAL CHILD CARE~~

~~PROGRAM AND THE RELOCATION IS TO ANOTHER PART OF THE SITE OR~~

125 ~~IMMEDIATELY ADJACENT TO THE SITE OF THE EXISTING RESIDENTIAL CHILD~~  
126 ~~CARE PROGRAM.~~

127 ~~(3) A PROVIDER SHALL FILE AN APPLICATION FOR A~~  
128 ~~CERTIFICATE OF NEED WITH THE OFFICE ON A FORM THAT THE OFFICE~~  
129 ~~PROVIDES.~~

130 ~~(E) (1) WHEN THE OFFICE RECEIVES AN APPLICATION FOR A~~  
131 ~~CERTIFICATE OF NEED, THE OFFICE SHALL~~

132 ~~(1) PUBLISH NOTICE OF THE FILING IN THE MARYLAND~~  
133 ~~REGISTER; AND~~

134 ~~(H) SEND WRITTEN NOTICE TO:~~

135 ~~1. EACH MEMBER OF THE GENERAL ASSEMBLY IN~~  
136 ~~WHOSE DISTRICT THE RESIDENTIAL CHILD CARE PROGRAM IS PLANNED;~~

137 ~~2. EACH MEMBER OF THE GOVERNING BODY FOR~~  
138 ~~THE COUNTY WHERE THE RESIDENTIAL CHILD CARE PROGRAM IS PLANNED;~~

139 ~~3. THE COUNTY EXECUTIVE, MAYOR, OR CHIEF~~  
140 ~~EXECUTIVE OFFICER, IF ANY, IN WHOSE COUNTY THE RESIDENTIAL CHILD CARE~~  
141 ~~PROGRAM IS PLANNED; AND~~

142 ~~4. ANY OTHER PERSON THE OFFICE KNOWS HAS AN~~  
143 ~~INTEREST IN THE APPLICATION.~~

144 ~~(2) FAILURE TO GIVE NOTICE UNDER PARAGRAPH (1) OF THIS~~  
145 ~~SUBSECTION MAY NOT ADVERSELY AFFECT THE APPLICATION.~~

146 ~~(F) ALL DECISIONS OF THE OFFICE ON AN APPLICATION FOR A~~  
147 ~~CERTIFICATE OF NEED SHALL BE CONSISTENT WITH THE PLAN AND THE~~  
148 ~~STANDARDS FOR REVIEW ESTABLISHED BY THE MEMBERS OF THE CHILDREN'S~~  
149 ~~CABINET.~~

150 ~~(F) (G) (1) THE OFFICE SHALL HAVE FINAL NONDELEGABLE AUTHORITY~~  
151 ~~TO ACT ON AN APPLICATION FOR A CERTIFICATE OF NEED.~~

- 152           (2) AFTER AN APPLICATION IS FILED, THE OFFICE:
- 153                   (I) SHALL REVIEW THE APPLICATION FOR COMPLETENESS  
154 WITHIN 10 WORKING DAYS AFTER THE FILING OF THE APPLICATION; AND
- 155                   (II) MAY REQUEST FURTHER INFORMATION FROM THE  
156 APPLICANT.
- 157           (3) ANY INTERESTED PERSON MAY SUBMIT WRITTEN COMMENTS  
158 ON THE APPLICATION IN ACCORDANCE WITH PROCEDURAL REGULATIONS  
159 ADOPTED BY THE MEMBERS OF THE CHILDREN'S CABINET.
- 160           (4) (I) THE OFFICE MAY HOLD AN EVIDENTIARY HEARING ON  
161 ITS OWN INITIATIVE OR AT THE REQUEST OF THE APPLICANT OR AN  
162 INTERESTED PERSON.
- 163                   (II) AN EVIDENTIARY HEARING UNDER SUBPARAGRAPH (I)  
164 OF THIS PARAGRAPH SHALL BE CONDUCTED IN ACCORDANCE WITH THE  
165 CONTESTED CASE PROCEDURES OF THE ADMINISTRATIVE PROCEDURE ACT.
- 166           (5) AFTER REVIEWING THE APPLICATION, ANY WRITTEN  
167 COMMENTS ON THE APPLICATION, ANY TESTIMONY OFFERED DURING AN  
168 EVIDENTIARY HEARING, AND ANY OTHER MATERIALS AUTHORIZED BY THE  
169 CHILDREN'S CABINET REGULATIONS, THE OFFICE SHALL ISSUE A PROPOSED  
170 DECISION ON THE APPLICATION.
- 171           (6) THE APPLICANT OR ANY INTERESTED PERSON WHO HAS  
172 SUBMITTED WRITTEN COMMENTS UNDER PARAGRAPH (3) OF THIS SUBSECTION  
173 MAY SUBMIT WRITTEN EXCEPTIONS TO THE PROPOSED DECISION, IN  
174 ACCORDANCE WITH REGULATIONS ADOPTED BY THE MEMBERS OF THE  
175 CHILDREN'S CABINET, BEFORE THE OFFICE TAKES FINAL ACTION ON THE  
176 APPLICATION.
- 177           (7) THE OFFICE SHALL APPROVE, APPROVE WITH CONDITIONS,  
178 OR DENY THE APPLICATION ON THE BASIS OF THE RECORD AND EXCEPTIONS, IF  
179 ANY, BEFORE THE OFFICE.

180       (H) IF THE PLAN IDENTIFIES A NEED FOR ADDITIONAL RESIDENTIAL  
181 CHILD CARE PROGRAMS IN A COUNTY, IN A COMPARATIVE REVIEW OF TWO OR  
182 MORE APPLICANTS FOR A RESIDENTIAL CHILD CARE PROGRAM, A CERTIFICATE  
183 OF NEED SHALL BE GRANTED TO ONE OR MORE APPLICANTS IN THAT COUNTY  
184 THAT:

185               (1) HAVE SATISFACTORILY MET ALL APPLICABLE STANDARDS;  
186 AND

187               (2) THE OFFICE FINDS AT LEAST COMPARABLE TO ALL OTHER  
188 APPLICANTS.

189               (1) (1) THE OFFICE SHALL MAKE A DECISION ON AN APPLICATION  
190 FOR A CERTIFICATE OF NEED NO LATER THAN 150 DAYS AFTER THE  
191 APPLICATION WAS FILED.

192               (2) IF AN EVIDENTIARY HEARING IS NOT REQUESTED, THE  
193 OFFICE SHALL MAKE A DECISION ON AN APPLICATION NO LATER THAN 90 DAYS  
194 AFTER THE APPLICATION WAS FILED.

195               (3) IF THE OFFICE DOES NOT ACT ON AN APPLICATION WITHIN  
196 THE REQUIRED PERIOD, THE APPLICANT MAY FILE WITH A COURT OF  
197 COMPETENT JURISDICTION, WITHIN 60 DAYS AFTER EXPIRATION OF THE  
198 PERIOD, A PETITION TO REQUIRE THE OFFICE TO ACT ON THE APPLICATION.

199               (J) THE DECISION OF THE OFFICE ON AN APPLICATION FOR A  
200 CERTIFICATE OF NEED FOR A RESIDENTIAL CHILD CARE PROGRAM IS THE  
201 FINAL ADMINISTRATIVE DECISION FOR THE PURPOSES OF JUDICIAL REVIEW  
202 UNDER THE ADMINISTRATIVE PROCEDURES ACT.

203               SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
204 October 1, 2008.

Bill No.: \_\_\_\_\_

Requested: \_\_\_\_\_

Committee: \_\_\_\_\_

Drafted by: Joyce

Typed by: Linda

Stored - 02/01/08

Proofread by ☒ \_\_\_\_\_

Checked by \_\_\_\_\_

By: **Senator Zirkin**

## A BILL ENTITLED

1 AN ACT concerning

2 **Human Services - Residential Child Care Program - Bill of Rights**

3 FOR the purpose of providing that a contract awarded or renewed between a certain  
4 agency and a provider of a residential child care program shall require the  
5 provider to conspicuously post a "Residents' Bill of Rights" in the facility of the  
6 provider that includes certain rights; requiring a provider of a residential child  
7 care program to develop and, on placement, provide to residents and their  
8 parents or legal guardians a handbook of the policies of the provider and the  
9 contracting agency as they relate to certain issues; providing that nothing in  
10 this Act precludes an agency or provider from providing additional rights to a  
11 resident; and generally relating to residential child care programs.

12 BY repealing and reenacting, without amendments,

13 Article - Human Services

14 Section 8-701

15 Annotated Code of Maryland

16 (2007 Volume)

17 BY adding to

18 Article - Human Services

19 Section 8-707

20 Annotated Code of Maryland

---

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.





8lr2343

21 (2007 Volume)

22 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
23 MARYLAND, That the Laws of Maryland read as follows:

24 **Article – Human Services**

25 8-701.

26 (a) In this part the following words have the meanings indicated.

27 (b) “Agency” means:

28 (1) the Department of Health and Mental Hygiene;

29 (2) the Department of Human Resources; or

30 (3) the Department of Juvenile Services.

31 (c) “Certified program administrator” means an individual who is:

32 (1) certified by the State Board for Certification of Residential Child  
33 Care Program Administrators under Title 20 of the Health Occupations Article; and

34 (2) responsible for the day-to-day management and operation of a  
35 residential child care program.

36 (d) “Plan” means the State Resource Plan for Residential Child Care  
37 Programs.

38 (e) “Provider” means a for profit or not for profit entity licensed by an agency  
39 to operate a residential child care program.

40 (f) “Residential child care program” does not include sites licensed by the  
41 Developmental Disabilities Administration.

42 8-707.

43           (A)   A CONTRACT AWARDED OR RENEWED BETWEEN AN AGENCY AND A  
44 PROVIDER SHALL REQUIRE THE PROVIDER TO:

45                   (1)   POST CONSPICUOUSLY A "RESIDENTS' BILL OF RIGHTS" IN  
46 THE FACILITY OF THE PROVIDER STATING THAT A RESIDENT HAS A RIGHT:

47                           (I)   TO BE TREATED WITH FAIRNESS, DIGNITY, AND  
48 RESPECT;

49                           (II)   TO RECEIVE APPROPRIATE AND REASONABLE ADULT  
50 GUIDANCE, SUPPORT, AND SUPERVISION, CONSISTENT WITH THE RESIDENT'S  
51 AGE AND LEVEL OF DEVELOPMENT;

52                           (III) NOT TO BE ABUSED, MISTREATED, THREATENED,  
53 HARASSED, OR SUBJECTED TO CORPORAL PUNISHMENT OR TO OTHER UNUSUAL  
54 OR EXTREME METHODS OF DISCIPLINE;

55                           (IV) TO HAVE THE RESIDENT'S OPINION HEARD AND TO BE  
56 INCLUDED, TO THE GREATEST EXTENT POSSIBLE AND CONSISTENT WITH THE  
57 RESIDENT'S AGE AND LEVEL OF DEVELOPMENT, WHEN MAJOR DECISIONS,  
58 INCLUDING REGULAR CASE PLANNING MEETINGS, ARE BEING MADE AFFECTING  
59 THE RESIDENT'S LIFE;

60                           (V)   TO REASONABLE AND CLINICALLY APPROPRIATE  
61 VISITATION, MAIL, AND TELEPHONE COMMUNICATION WITH RELATIVES,  
62 FRIENDS, ATTORNEYS, SOCIAL WORKERS, THERAPISTS, AND GUARDIANS AD  
63 LITEM;

64                           (VI) TO HAVE THE RESIDENT'S RELATIVES AND DESIGNATED  
65 REPRESENTATIVES, WHO ARE AUTHORIZED IN WRITING BY THE CONTRACTING  
66 AGENCY, TO COMMUNICATE WITH THE FACILITY OF THE PROVIDER, ASK  
67 QUESTIONS OF THE FACILITY OF THE PROVIDER, AND HAVE QUESTIONS  
68 ANSWERED PROMPTLY BY THE FACILITY OF THE PROVIDER;

69                           (VII) TO LANGUAGE TRANSLATION, IF NECESSARY; AND

70                           (VIII) NOT TO BE DISCRIMINATED AGAINST ON THE BASIS OF  
71 RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS,

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72 PERSONAL APPEARANCE, SEXUAL ORIENTATION, FAMILIAL STATUS, FAMILY  
73 RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, DISABILITY,  
74 SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS; AND

75 (2) DEVELOP AND, ON PLACEMENT, PROVIDE TO RESIDENTS AND  
76 THEIR PARENTS OR LEGAL GUARDIANS A HANDBOOK OF THE POLICIES OF THE  
77 PROVIDER AND THE CONTRACTING AGENCY AS THEY RELATE TO:

- 78 (I) THE MISSION OF THE PROGRAM;
- 79 (II) PLACEMENT AND DISCHARGE;
- 80 (III) DAILY ROUTINES;
- 81 (IV) TREATMENT STRATEGIES;
- 82 (V) DISCIPLINARY PRACTICES;
- 83 (VI) VISITING HOURS;
- 84 (VII) COMMUNICATION PROCEDURES WITH RESIDENTS;
- 85 (VIII) GRIEVANCE PROCEDURES;
- 86 (IX) HEALTH CARE ACCESS;
- 87 (X) RELIGIOUS EXERCISE ACCESS;
- 88 (XI) EMERGENCY TELEPHONE CONTACT INFORMATION;
- 89 (XII) FAMILY INVOLVEMENT;
- 90 (XIII) ATTORNEY ACCESS;
- 91 (XIV) COMMUNITY INTEGRATION;
- 92 (XV) EDUCATION;

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93 (XVI) MEDICAL AND DENTAL CARE;

94 (XVII) RECREATION;

95 (XVIII) LIFE SKILLS TRAINING;

96 (XIX) CLOTHING;

97 (XX) PERSONAL FUNDS; AND

98 (XXI) FOOD AND NUTRITION.

99 (B) NOTHING IN THIS SECTION PRECLUDES A CONTRACTING AGENCY  
100 OR PROVIDER FROM PROVIDING ADDITIONAL RIGHTS TO A RESIDENT.

101 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
102 October 1, 2008.

---

**TASK FORCE TO STUDY GROUP HOME  
EDUCATION AND PLACEMENT PRACTICES**  
**Report of Education Issues Workgroup - February 4, 2008**  
**Summary of Educational Outcomes and Opportunities for Youth in Group Homes**

---

**Educational Outcomes for Youth in Out-of-Home Care**

Compared with their peers in the community, youth in out-of-home placements:

- Experience significant academic failure
  - Youth aging out of foster care read, on average, at only the 7<sup>th</sup> grade level
  - Youth in juvenile facilities read, on average, at only the 5<sup>th</sup> grade level
- Have repeated one or more grades at substantially higher rates, and are over-age for their grade
- Have one or more educational disabilities and are eligible to receive special education services at three to five times higher rate
- Are suspended and expelled at greater rates
- Have higher rates of school mobility, which is associated with lack of instructional continuity and poor attachment to schooling
- These characteristics and experiences place youth at substantially increased risk of school drop out

**Methods of Delivery of Education Services in Group Homes**

- Survey of 17 states: Methodology and Findings
- Methods of delivering educational services to youth in state-operated/contracted group homes vary within and between states
- Three primary models:
  - On-site education services provided by teachers employed by group home
  - One-site education services provided by teachers employed by local public schools or State Department of Education
  - Students attend local public schools or community-based GED programs

**Challenges and Recommendations**

- Educational outcomes are a critical aspect of the broader well being of children in group homes, and academic strengths/needs should be considered in referral and placement
- Improve educational stability for youth in group homes (changing schools only when this would benefit youth, expedite enrollment and transfer of credits)
- Assist case managers in securing appropriate education programming focusing on continuity of services
- Strengthen collaboration and coordination between local public schools, group homes and placement agencies, and accountability for outcomes
- Training on educational rights for case workers and families
- Provide academic support including tutoring and homework assistance
- Conduct outcome study

## **Task Force To Study Group Home Education And Placement Practices**

---

### **June 26, 2008 meeting**

- **Agenda**
- **Minutes**



Group Home Task Force Meeting  
Thursday, June 26, 3008  
Agenda

Welcome – Secretary Donald

- 1) Approval of February 4, 2008 meeting minutes
- 2) Review of Task Force Work since inception
- 3) Review of 2008 Legislation
  - Implementation of Legislation
  - Assignments regarding Development of Regulations
  - Design of Bill of Rights
  - Worker Certification Plan
- 4) Unfinished Task Force Business
  - Report Cards
  - Licensing Issues (renewals, revocations)
- 5) New Business

Adjournment

Group Home Task Force Meeting  
Thursday, June 26, 2008  
Notes

**ATTENDEES**

**Task Force Members:**

Kathleen Gardiner-Aaron  
Sheryl Brissett-Chapman  
Brenda Donald  
Tim Griffith  
Cheri Gerard

Frank Kros  
Stephen Lafferty  
Steven Sorin  
Shelley Tinney  
Al Zachik (for Barbara DiPietro)

**Guests:**

Carmen Brown, DHR  
Erin Earp, DHR  
Robin Elliott, MACS  
Mark Grover, Maryland Sheriff's Youth Ranch  
Jodi King, MSDE  
Barb Super, Sheppard Pratt Health System

Mark Luckner, Governor's Office  
Steve McCulloch, DLS  
Nick Moroney, OAG/JJMU  
Arianne Wang, MDLC

Welcome – Secretary Donald

**1) Review and Approval of February 4, 2008 meeting minutes**

**Kathleen Gardiner-Aaron** recommend to the next to last sentence under "New Legislation" from "this bill" to "these bills". Minutes approved with change.

**2) Review of 2008 Legislation**

**a) Statement of Need (782)**

**Sec Donald** said RDLC will be charged with the writing of the regulations. They need to provide timeline by next meeting.

**b) Bill of Rights (SB742)**

Requires the providers to post. residents' bill of rights spelled out in legislation. Most of what is required is already in regulations. The Task Force wants a uniform document, something like a poster. **Sec. DeVore** will be the point person for a workgroup that will be put together to draft the document. Sec. Donald would like **Jessica Rae** from the Legal Aid Bureau and a group of youth to be involved. **Jim McComb** has also offered to assist. Providers will have to develop handbook to be approved by licensing. **Del Lafferty**

suggested there will need to be some uniform components; the regulations would address this.

**Kathleen Gardiner-Aaron** asked which group will address the issue of right to appropriate education- homework assistance, summer enrichment as these things are not already addressed in regulations. **Sec Donald** said that would be addressed in the handbook. **Carmen Brown** explained that some would be on a case by case basis and supported by client records – these things are addressed in policy and procedures. **Sec Donald** said this may also need to be revisited by the regulations workgroup

**c) Certification of Child Care Workers(783)**

**Al Zachik** reported that the Board for the Certification of Program Administrators has already begun to work on the plan and regulations for implementation. The Board will supply a status report by the next meeting

**3) Unfinished Task Force Business**

**a)Report Cards** – This bill was pulled back, it needed more discussion and refinement. The draft was distributed at an earlier meeting contained some regulatory and contractual requirements. **Carmen Brown** has done some research on other states that have report cards and she reports most states only have a few measures. There are report cards for nursing homes in the works for DHMH. The Governor's office is working with Wendy Kronmiller. Someone from DHMH will report on this next meeting . **Sec Donald** stated that DC has a report card – we might look at that. **Mark Grover** asked if the report card would be tied to CSOMS. **Carmen Brown** said we might take some of those measures. **Sheryl Brissett-Chapman** stated that it would be interesting to see how levels of intensity might be tied into this. **Frank Kros** asked about an appeal process. **Sec Donald** said this all to be developed. **Sheryl Brissett-Chapman** talked about no reject no eject as it related to measuring outcomes to avoid having programs that would not take harder to serve kids. **Sec Donald** suggested reporting things that are already required in regulations at first and then work toward outcomes. The following individuals volunteered for the workgroup – Sheryl Chapman, Carmen Brown, Frank Kros, Mark Grover, Mark Luckner, Kevin Drumheller (Mosaic). We will also need representatives from local DSS, OHCQ, DJS, MSDE and youth.

**b) Licensing Issues (renewals, revocations)** Statement of needs bill does not address these and **Sen. Zirkin** wants more work done on how performance would affect these issues. **Sheryl**

**Brissett-Chapman** asked if strategic state plans might affect renewals, **Sec Donald** replied yes. **Sheryl** said she would like to see a more strategic planning around need. **Carmen Brown** indicated that all the local departments of social services are assessing needs that will specify kinds of kids to be served and types of services needed.

**Sec Donald** stated that DHR has started looking at counties in depth; particularly Prince Georges. Some data could be presented at next meeting DHR is planning a facilitated work session on needs and retooling with providers perhaps in September. **Sheryl** this can be helpful for providers retool to meet needs need to look at evolving trends. **Al Zachik** stated that a report on out of state placement is ready to be presented to the Children's Cabinet Tim mentioned that his group had recommended standardized assessment tools. He knows that group Homes will use the CANS but DSS and DJS do not. Transformations is providing assistance to use CANS to determine level of care

**Mark Grover** talked about how the outcomes system is not able to share info from home to home. He also thinks DSS workers should do CANS to avoid bias. **Sheryl** talked about how there is not agreement among stakeholders as what the data being collected means.

- c) **Tim Griffith** asked about the issue of access to education as mandated in the task force legislation. **Sec Donald** responded that should be discussed when Sec. DeVore is present as that is more of a DJS issue.

#### 4) New Business

**Sheryl** asked if there could be a discussion about Jim McComb's resignation from the Task Force. **Sec. Donald** responded that would be more appropriately discussed when Sen. Zirkin, as chair, is in attendance.

#### Adjournment

## **Task Force To Study Group Home Education And Placement Practices**

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### **July 28, 2008 Meeting**

- **Agenda**
- **Minutes**
- **Nursing Home Compare**
- **Report on Child Care Certification**

Group Home Task Force Meeting  
Monday, July 28, 2008  
Agenda

1. Welcome and Introductions: Sen. Zirkin
  2. Approval of June 26, 2008 meeting minutes
  3. Report on progress on SB 782/Statement of Need: Shelley Tinney
  4. Report on progress on SB742/Bill of Rights: Sec. DeVore
  5. Report on progress of Child Care Worker Certification: DHMH
  6. Report on progress of nursing home report cards: DHMH
  7. Report on progress of report card workgroup: Sheryl Brissett-Chapman
  8. New Business
- Adjournment



Group Home Task Force Meeting  
Monday, July 28, 2008  
Minutes

**Attendance:**

**Task Force Members:**

Kathleen Aaron  
Steve Bergman (for Abbie Riopelle)  
Sheryl Brissett-Chapman  
Don DeVore  
Barbara DiPietro  
Brenda Donald  
Cheri Gerard

Tim Griffith  
Karyn Lynch  
Todd Schuler  
Greg Shupe  
Steven Sorin  
Shelley Tinney

**Guests:**

Jack Altfather, DHR  
Adele Black, DHR  
Mark Grover, Maryland Sheriff's Youth Ranch  
Robyn Elliott, MACS  
Jodi King, MSDE

Heidi Holland, MENTOR  
John Irvine, DJS  
Rob Johnson, DJS  
Bill Lee, DHR  
Kathleen Smith, MENTOR

**1. Welcome and Introductions:**

Sec. Donald chaired the meeting in Sen. Zirkin's absence.

**2. Approval of June 26, 2008 meeting minutes:**

Approved

**3. Report on progress on SB 782/Statement of Need: Shelley Tinney**

Ms. Tinney reported that the Resource Development and Licensing Committee with assistance from the AAGs of DHR, DJS and GOC began working on the regulations. She explained that the group is struggling with what do about proposals in process. Sec. Donald wants a legal opinion on that issue and a timeline for completion of the regulations. **Steve Sorin** pointed out that there are really two separate processes - SPE and licensing- for AAGS to consider.

**4. Report on progress on SB742/Bill of Rights: Sec. DeVore**

**Sec. DeVore** will assemble the workgroup. Deliverables: should look at legal entitlements first, this workgroup will also cover the handbook. Karyn Lynch volunteered to participate on this group. Their work should be completed by Oct.1.

**5. Report on progress of SB 783/Child Care Worker Certification: Barb DiPietro/ DHMH**

A hand out from Kim Mayer, Executive Director of the Board for the Certification of Program Administrators, was distributed that shows the timeline for the implementation of this legislation.

**6. Report on progress of nursing home report cards: Barb DiPietro/DHMH**

There is a federal requirement from CMS to upload core outcome measures for nursing homes. This is different from a report card in that it is intended to allow consumers to shop for services by comparing providers. This has not been mandated by Maryland and will not be on the OHCQ website. **Sec. DeVore** inquired if it includes patient satisfaction and it does not. **Dr. Chapman** noted that this is more qualitative than licensing standards. To do something similar for group homes would require agreements between agencies about quality measures for different cohorts of youth. **Sec. Donald** said we should be looking at basic regulatory requirements to start.

**7. Report on progress of report card workgroup: Sheryl Brissett-Chapman**

**Dr. Chapman** will convene a phone conference within the next week. **Sec. DeVore** said this should involve youth, agency and community. Sydney White will represent DJS. **Barb DiPietro** will get a name from DHMH. **Tim Griffith** and **Karyn Lynch** will nominate DSS workers. **Bill Lee** is sitting in for Carmen. **Mark Grover** reminded the group about incorporating outcomes from CSOMS. **Sec. Donald** would like to have report cards complete by Nov 1.

**8. Unfinished business:**

Licensure renewals: The Secretaries will talk to Sen. Zirkin about this issue.

**Adjournment**

# **Nursing Home Compare**

## **Important Information on Nursing Home Compare**

Nursing Home Compare includes information only on nursing homes that are Medicare or Medicaid certified. These nursing homes provide skilled nursing care, however, there are many other types of facilities that provide various levels of health care and assistance with activities of daily living. Many of these facilities are licensed only at the state level. In addition, some nursing homes that provide a full range of care, including skilled nursing services, choose not to participate in Medicare or Medicaid. For information about any facility not found in this database, please contact your State survey agency. The phone number for the State survey agency in your area can be found in the Helpful Contacts section of this website.

Information on this website should not be construed as an endorsement or advertisement for any nursing home.

## **The Complete Nursing Home Inspection**

The data on this website refers to the regulatory requirement that the nursing home failed to meet but does not reflect the entire inspection report (which, in some cases, may be well over 100 pages in length). The detailed inspection report (the form HCFA-2567) contains the specific findings that support the State's determination that the requirement was not met. A complete inspection report and the nursing home's corresponding plan of correction to address the deficiencies found during the inspection are available from the State survey agency or from the nursing home itself.

In addition, each nursing home that provides Medicare or Medicaid services is required to make the results of its last full inspection available onsite for public review. The phone number for the State survey agency in your area can be found in the Helpful Contacts section of this website.

## **The Results of the Nursing Home Inspection Report**

CMS makes every attempt to ensure consistency among how the States report their findings. It is also important, while reading these results, to consider that the quality of a nursing home may improve or deteriorate significantly in a short period of time. These changes can occur when a nursing home's administrator or ownership changes or when a nursing home's financial health suddenly changes. We suggest contacting your ombudsman's office or your State survey agency for the most current information about a nursing home. The phone number for the State Survey Agency, or Ombudsman's office in your area can be found in the Helpful Contacts section of this website.

Finally, findings of inspections do not present a complete picture of the quality of care provided by the nursing home. The inspection measures whether the nursing home meets the minimum standard for a particular set of requirements. If a nursing home has no deficiencies, it means that it met the minimum standards at the time of the inspection. However, this information cannot be used to identify nursing homes that provide outstanding care.

Page Last Updated: April 23, 2008

## Collecting and Updating Nursing Home Data

### Data Sources and Collection

The data on this website describes nursing home characteristics, quality measures, inspection results, and nursing staff information.

The data come from 2 sources:

1. CMS's **Online Survey, Certification, and Reporting (OSCAR)** database - Includes the nursing home characteristics and health deficiencies issued during the three most recent state inspections and recent complaint investigations.

The survey inspection results are collected by the state survey agencies, who perform onsite visits to nursing homes. The inspections occur at least once during a 15-month period, or any time in between as a result of a complaint received by the state. The inspections ensure that the nursing home residents receive quality care and services in a safe and comfortable environment in accordance with rules established by CMS. Complaints may be reported and inspected during the year (outside of the 9-15 month survey cycle). Inspections about a complaint that result in the citation of a health deficiency are reported to CMS and included in this website. Sometimes the inspection finds a problem that the nursing home identified and corrected before the inspection occurred. The fact and the nature of these prior problems (deficiencies) may be included in this website.

The State survey agencies are then responsible for entering survey information into the OSCAR database and providing updates as needed. Every attempt is made to assure the accuracy and timeliness of this information; however, we advise interpreting this information cautiously and supplementing it with information from the ombudsman's office, the State survey agency, or other sources.

The information on the nursing homes' characteristics derived from OSCAR are prepared by each nursing home at the beginning of the regular State inspection. This information is reported by the nursing homes themselves. It is reviewed by nursing home inspectors, but not formally audited to ensure data accuracy. In addition, this information changes frequently as residents are discharged and admitted, or resident conditions change.

2. National database known as the **Minimum Data Set (MDS) Repository**

The data for the quality measures come from the MDS Repository. The MDS is collected on regular intervals for every resident in a Medicare or Medicaid certified nursing home. Information is collected on the resident's health, physical functioning, mental status, and general well-being. These data are used by the nursing home to access the needs and develop a plan of care unique to each resident.

Regulations require that a MDS assessment be performed at admission, quarterly, annually, and whenever the resident experiences a significant change in status. For residents in a Medicare Part A stay, the MDS is also used to determine the Medicare reimbursement rate. These assessments are performed on the 5th, 14th, 30th, 60th and 90th day of admission.

All of this data is reported by the nursing homes themselves. It is reviewed by nursing home inspectors, but not formally audited to ensure that it is accurate. Every attempt is made to assure the accuracy and timeliness of this information. However, this information changes frequently as residents are discharged and admitted, or resident conditions change. We advise interpreting

this information cautiously and supplementing it with information from the Ombudsman's office, the State Survey Agency, or other sources.

Some MDS items used to calculate the quality measures consider the resident's condition during previous days prior to the assessment date. The following table provides these "observation" or "look back" time frames.

| Quality Measures  | MDS Observation Time Frame * |
|---|------------------------------|
| <b>Long-Stay Measures</b>   |                              |
| Percent of Long-Stay Residents Given Influenza Vaccination During the Flu Season <b>NEW!</b>    | October 1 thru March 31      |
| Percent of Long-Stay Residents Who Were Assessed and Given Pneumococcal Vaccination <b>NEW!</b> | Looks back 5 years           |
| Percent of Long-Stay Residents Whose Need for Help With Daily Activities Has Increased          | Looks back 7 days            |
| Percent of Long-Stay Residents Who Have Moderate to Severe Pain                                 | Looks back 7 days            |
| Percent of High-Risk Long-Stay Residents Who Have Pressure Sores                                | Looks back 7 days            |
| Percent of Low-Risk Long-Stay Residents Who Have Pressure Sores                                 | Looks back 7 days            |
| Percent of Long-Stay Residents Who Were Physically Restrained                                   | Looks back 7 days            |
| Percent of Long-Stay Residents Who are More Depressed or Anxious                                | Looks back 30 days           |
| Percent of Low-Risk Long-Stay Residents Who Lose Control of Their Bowels or Bladder             | Looks back 14 days           |
| Percent of Long-Stay Residents Who Have/Had a Catheter Inserted and Left in Their Bladder       | Looks back 14 days           |
| Percent of Long-Stay Residents Who Spent Most of Their Time in Bed or in a Chair                | Looks back 7 days            |
| Percent of Long-Stay Residents Whose Ability to Move About in and Around Their Room Got Worse   | Looks back 7 days            |
| Percent of Long-Stay Residents with a Urinary Tract Infection                                   | Looks back 30 days           |
| Percent of Long-Stay Residents Who Lose Too Much Weight   | Looks back 30 days           |

### Short-Stay Measures

|  |                         |
|--|-------------------------|
| Percent of Short-Stay Residents Given Influenza Vaccination During the Flu Season <b>NEW!</b>    | October 1 thru March 31 |
| Percent of Short-Stay Residents Who Were Assessed and Given Pneumococcal Vaccination <b>NEW!</b> | Looks back 5 years      |
| Percent of Short-Stay Residents With Delirium  | Looks back 7 days       |
| Percent of Short-Stay Residents Who Had Moderate to Severe Pain                                  | Looks back 7 days       |
| Percent of Short-Stay Residents With Pressure Sores  | Looks back 7 days       |

\*When multiple MDS items with more than one "look back" timeframes are used to calculate the measure, this table displays the longest "look back" timeframe.

### Data Updates

The OSCAR data contained on this website is updated on a monthly basis and the MDS data is updated quarterly. The OSCAR data on which these results are based may not necessarily reflect the results from the last survey completed, however. There may be a lag time between the date of the survey and the date that the survey results are entered into the OSCAR database. Each nursing home is also required by law to have the latest survey results on hand for public inspection. To obtain the most recent survey results, contact the State survey agency. The phone number for the state survey agency in your area can be found in the **Helpful Contacts** section of this website.

Page Last Updated: April 23, 2008





STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene  
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

State Board for the Certification of Residential Child Care Program Administrators

MEMORANDUM

TO: The Taskforce to Study Group Home Education and Placement Practices

FROM: Kimberly Mayer  
Executive Director

RE: Status Report on the Implementation of Senate Bill 783

DATE: July 28, 2008

The purpose of this memorandum is to provide the Taskforce to Study Group Home Education and Placement Practices with a status report on the implementation of Senate Bill 783, "Residential Child Care Programs - Certification of Residential Child Care Program Professionals".

April and May's Achievements - The State Board for the Certification of Residential Child Care Program Administrators (hereinafter "the Board") at its May 9, 2008, meeting approved a work plan to provide a road map to the Board to plan and implement the certification program for residential child and youth care practitioners (RCYCPs). The Board also published a sub-page on its web site dedicated to providing information for certification RCYCPs.

June's Achievements - The Board began the process of reviewing and drafting regulations for the implementation of Senate Bill 783. Discussions were initiated regarding the development of a study guide and Standards Examination. In addition, the Board disseminated a transmittal to all residential child care programs, group home licensing authorities, and certified program administrators alerting them to the new certification requirement and directing them to the Board's web site for periodic updates.

The Board received its FY 2009 Appropriation which did not include any additional funding or positions required for the implementation of Senate Bill 783. The Department of Health and Mental Hygiene advised the Board that surplus General Funds are not available to fund any additional positions for FY 2009. In response, the Board submitted an Unfunded Item Request for FY 2010.

July's Achievements - The Board continued the process of reviewing and drafting regulations for the implementation of Senate Bill 783. The Board approved the Summer Newsletter (scheduled for dissemination in August) containing an article and a press release (scheduled for dissemination in September) regarding the certification requirement.

The Board submitted funding requests for the FY 2010 budget for the implementation of Senate Bill 782. The Board requested the FY 2009 positions that were not provided and the positions needed for FY 2010, as noted in the bill's fiscal note. A total of 5 positions were requested. The Board also requested funding for the development of the RCYCP examination and study guide, as well as, additional operational funding to reflect additional staff.

A copy of the Board's work plan is attached.

410-764-5996 • Fax 410-358-5674 • Web Site – [www.dhmh.state.md.us/crccp](http://www.dhmh.state.md.us/crccp)  
Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

**WORK PLAN FOR THE IMPLEMENTATION OF SENATE BILL 783  
CERTIFICATION OF RESIDENTIAL CHILD AND YOUTH CARE PRACTITIONERS (RCYCP)**

| <b>TARGET DATE<sup>1</sup>:</b> | <b>ACTION:</b>   |
|---------------------------------|--|
| May – October 2008              | <p>RCYCP page developed for web site. <b>COMPLETED.</b></p> <p>Notice to residential child care programs and certified program administrators regarding upcoming certification requirement and name change of Board. <b>COMPLETED.</b></p> <p>Article for Summer Newsletter regarding requirement. <b>APPROVED AT JULY MEETING. DISSEMINATED.</b></p> <p>Press release regarding new certification requirement for RCYCP. <b>APPROVED AT JULY MEETING. FORWARDED TO DHMH'S OFFICE OF PUBLICATIONS – 7/15/2008. SCHEDULED FOR DISSEMINATION IN SEPTEMBER.</b></p> |
| June – July 2008                | <p>Request additional funding for FY 2009 as noted in Fiscal Note. <b>FUNDING DENIED. SUBMITTED UNFUNDED ITEM REQUEST FOR FY 2010; AWAITING DECISION.</b></p> <p>Request additional funding for FY 2010 as noted in Fiscal Note. Include prior year funding request, if denied. <b>COMPLETED; AWAITING DECISION.</b></p>   |
| September 2008                  | Complete name change on appropriate documents and web site. <b>INITIATED.</b>  |
| May - January 2009              | Draft regulations. Completed through General Session of Board Meetings. <b>INITIATED.</b>  |
| January 2009                    | Target date to circulate regulations for informal comment prior to Board vote.   |
| February 2009                   | Board review of comments received.   |
| March 2009                      | <p>Target date for Board vote on regulations.</p> <p>If approved, initiate paperwork to promulgate regulations.</p>  |

<sup>1</sup> Dates are subject to change depending upon a variety of factors including, but not limited to receipt of additional funding which is necessary to implement SB 783.

**TARGET DATE<sup>2</sup>:****ACTION:**

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March – June 2009

Discussion regarding standards examination for RCYCP.  
**INITIATED.**

Initiate either MOU or RFP for examination development.

Determine availability and cost of computerized testing.

June – July 2009

Request additional funding for FY 2011 as noted in Fiscal Note. Include prior year funding request, if denied.

August 2009

Develop application form and certification process.

September 2009

Board review/approval application and post to web.

Initiate licensing database changes.

January 2010

Final determination – administration of standards examination.

January – March 2010

Distribute information regarding certification requirement and process to certified program administrators, agencies and licensing authorities.

June – July 2010

Request additional funding for FY 2012 as noted in Fiscal Note. Include prior year funding request, if denied.

Fall 2010

Target date for implementation of certification process for RCYCP.

Note: If funding has not been received, legislation will be needed to extend certification date.

September – October 2010

Second notice regarding certification requirement and process to certified program administrators, agencies, and licensing authorities.

June 2011 – July 2011

Request additional funding for Budget for FY 2013 as noted in Fiscal Note. Include prior year funding request, if denied.

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<sup>2</sup> Dates are subject to change depending upon a variety of factors including, but not limited to receipt of additional funding which is necessary to implement SB 783.

| <b>TARGET DATE<sup>3</sup>:</b> | <b>ACTION:</b>  |
|---------------------------------|---|
| September 2011 – October 2011   | Third notice regarding certification requirement and process to certified program administrators, agencies, and licensing authorities.  |
| June 2012 – July 2012           | Request additional funding for FY 2014 as noted in Fiscal Note. Include prior year funding request, if denied.                          |
| September 2012 – October 2012   | Fourth notice regarding certification requirement and process to certified program administrators, agencies, and licensing authorities. |
| June 2013 – July 2013           | Budget prep for FY 2015. Include prior year funding request, if denied.   |
| September 2013 – October 2013   | Enforcement notice to certified program administrators, agencies, and licensing authorities.  |

<sup>3</sup> Dates are subject to change depending upon a variety of factors including, but not limited to receipt of additional funding which is necessary to implement SB 783.

## **Task Force To Study Group Home Education And Placement Practices**

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### **August 22, 2008 Meeting**

- Agenda
- Meeting Notes
- SB782 Update
- Statement of Need Progress Report
- Report Card Subcommittee
- Children's Services Outcomes Measurement System

Group Home Task Force Meeting  
Friday, August 22, 2008  
**AGENDA**

- 1. Welcome and Introductions: Sec. Donald**
- 2. Approval of July 28, 2008 meeting minutes**
- 3. Report on progress on SB 782/Statement of Need: Shelley Tinney**
- 4. Report on progress on SB742/Bill of Rights: Sec. DeVore**
- 5. Report on progress of report card workgroup: Sheryl Brissett-Chapman**

**Adjournment**



Group Home Task Force Meeting  
Friday, August 22, 2008  
NOTES

**Attendance:**

**Task Force Members:**

Kathleen Aaron  
Sheryl Brissett- Chapman  
Sec. DeVore  
Barbara DiPietro  
Sec. Donald  
Del. Lafferty

Karyn Lynch  
Abbie Riopelle-Flanagan  
Greg Shupe  
Steve Sorin  
Shelley Tinney

**Guests:**

Bill Lee, DHR  
Adele Black, DHR  
Clarke Williams, DBM  
Beth Blauer, DJS  
Jodi King, MSDE  
Robyn Elliott, MACS  
Mimi Stearman, Koba Institute

Ann Ciekot, NASW and MAYSB  
Muriel Hesler, Mont. Co. DHHS  
Jim McComb, MARFY  
Kevin Keegan, DHR  
Brian Shepter, Harris Jones LLC  
Steffi Benjamin, NCCF

**1. Welcome and Introductions:** Sec. Donald

**2. Approval of July 28, 2008 meeting minutes**

**Sec. Devore** made a motion to accept the minutes of the July 26 meeting and was seconded by **Steve Sorin**. Motion carried.

**3. Report on progress on SB 782/Statement of Need:** Shelley Tinney

**Ms. Tinney** reported that the RDLC with the addition of AAGs from DHR, DJS and GOC met to begin work on the regulations and methodology to determine need. That group plans to have a draft ready to present to CCRT for approval on 9/15. The RDLC will meet again on 9/15 to incorporate any changes required by the CCRT before sending to the Children's Cabinet. If the CC approves the regs on Sept 25, they will be submitted to AELR. The AELR process takes a minimum of 97 days, so the regs could conceivably be implemented around 2/1/09. The implementation of the law, however, is not contingent on the promulgation of the regs. The RDLC will work on creating the methodology for determining need while the regs are in the AELR process. Expansions and relocations are included in the legislation License renewals this will be discussed with AAGs.

**4. Report on progress on SB742/Bill of Rights:** Sec. DeVore

**Sec. DeVore** reported that this workgroup had one meeting, the next meeting is scheduled for 8/27. A literature search on children's bill of rights found some

interesting things around the country. Texas and Oklahoma, especially, have comprehensive bills of rights. The workgroup created categories of rights. There is already a bill of rights which the committee used as guide. There was a significant amount of discussion about sexual identity and expression. That issue has not been resolved, **Karyn Lynch** reported that California and Texas have progressive policies. **Jim McComb** warned that we have to protect not only their rights but their safety as well. We need to consider how those rights are managed. **Sec. Devore** said we need to make sure that what is created can be implemented. Another issue is how this will be communicated to kids. **Sec. Donald** asked if the bill of rights aligns with the legislation and are we including youth. **Jessica Rae** is meeting with youth. **Sheryl Brissett-Chapman** stated that we need to develop balance between rights and responsibilities

#### **5. Report on progress of report card workgroup:** Sheryl Brissett-Chapman

This workgroup held its first meeting on 8/6. They feel they need to include youth and line staff. They discussed the task, reviewed New York and DC score cards, did a literature search (handout) which resulted in widely divergent views of the efficacy of group home care. They also looked at other relevant state models, CSOMS, the certification process and info sharing barriers. The workgroup expects to be complete their work by 11/1. **Sec. Donald** asked if they looked at template that Carmen created in terms of regulatory compliance. This work may have to be done in phases and we have just started collecting data for outcomes. **Sec. DeVore** expects the group to start with the DHR template as floor. At the local level determination of whether a program is good is based on relationships and anecdotal information, report cards would make it more objective. **Sheryl Brissett Chapman** suggested we look at COMAR and contractual obligations to decide what should be made public. **Sec. Donald** said perhaps what the agencies use and what is the shared with public may be two different things. **Sheryl Brissett Chapman** thinks the report card should be about performance indicators around care and services for youth, not administrative items. **Sec. Donald** said perhaps there should be a weighting system. **Del. Lafferty** asked what exactly the report card would be if not compliance issues. **Sec. Donald** stated it would be objective measures on performance to inform contracting decisions, placement decisions and to have public accountability. **Sheryl Brissett Chapman** said it sounds more like the nursing home model; a hybrid between compliance and outcomes. The licensing monitors would be responsible for completing the template.

#### **Adjournment**

## **Statement of Need and Single Point of Entry Update Senate Bill 782**

- Close of business on September 30, 2008 a provider that has not submitted an application to GOC is foreclosed from doing so
- Application submitted prior to September 30, 2008 deadline should be vetted through Single Point of Entry process and forwarded to the applicable licensing agency, however a the licensing agency may not issue a license until a statement of need has been issued.
- Section 8-703.1 requires the licensing agencies to adopt regulations governing the issuance of statements of need
- Regulations will not be complete by October 1, 2008 because of the lengthy process. Effective date of the statute does not depend on the existence of the supporting regulations
- Licensing agencies are free to issue interim statements of need, using the statute as guidance, until regulations are adopted
- There are currently 315 potential providers who have attended informational meetings since September of 2007, of the 315 potential, 38 proposals are waiting to be reviewed by Single Point of Entry staff

## **PROGRESS REPORT ON STATEMENT OF NEED REGULATIONS**

The Resource Development and Licensing Committee (RDLC), with assistance from Assistant Attorneys General from DHR, DJS and GOC, has been assigned responsibility to draft regulations for a Statement of Need process required by Senate Bill 782 (2008). The legislation was designed to ensure that in the future group homes are developed only in response to specific needs articulated by the Department of Human Resources and the Department of Juvenile Services.

The RDLC has met twice to discuss the requirements of the legislation, the methodology for determining need and to review draft regulations. The RDLC believes that there are two separate but interrelated tasks to be accomplished. One is to draft regulations to include a reference to a methodology through which needs will be determined and the other is to develop a methodology for identifying the Agencies' needs and creating a Statement of Need. Members of the committee feel strongly that there must be regular and predictable review of services available and a methodology for determining need for new services, particularly in light of the state's changing philosophy on service delivery, especially limiting the use of group care. These documents will be crafted simultaneously, with decisions about one process informing the other. In recognition of the sense of urgency on the part of the Departments to promulgate regulations and the time required for that process, the committee has agreed to draft regulations for approval by the Children's Cabinet first and complete the work on the methodology while the regulations are in process. Therefore, the committee has set the following timeline:

1. Draft regulations will be presented to CCRT on September 15, 2008.
2. RDLC will meet on September 15 after the CCRT meeting to make any changes recommended and to begin work on developing the methodology.
3. Draft regulations will be presented to the Children's Cabinet on September 25, 2008.
4. When the Children's Cabinet approves the regulations, they will be forwarded to AELR for publication.
5. While the regulations are in the AELR process, which takes a minimum of 97 days, the committee will complete work on the methodology for creating a statement of need.
6. If there are no problems with the AELR process, the regulations could go into effect as early as February 2009.

Group Home Task Force Report Card Subcommittee  
Wednesday, August 6, 2008  
Notes

**ATTENDEES**

Jack Altfather, Department of Human Resources (DHR)  
Sheryl Brissett-Chapman, National Center for Children and Families (NCCF)  
Carmen Brown, DHR, Office of Licensing and Monitoring  
William Dorrill, DHMH, Office of Health Care Quality

**ABSENT**

Ezra Buchdahl, Catholic Charities  
Barbara DiPietro, Department of Health and Mental Hygiene (DHMH)  
Kevin Drumheller, Mosaic Community Services, Inc.  
Mark Grover, Maryland Sheriffs' Youth Ranch (MSYR)  
Frank Kros, The Children's Guild  
Agnes Leshner, Montgomery County Health and Human Services  
Mark Luckner, Governor's Office  
Senator Anthony Muse

**Guests:**

Jim McComb, Maryland Association of Resources for Families and Youth (MARFY)

**1. Review of the Charge to the Group Home Task Force Report Card Subcommittee**

Carmen Brown indicated the charge is to develop a template of the items on the report card that agencies would be using, and determine what measures would be utilized. Jim McComb suggested defining a global objective and then developing the criteria, e.g., children are safe and service needs are met. Usefulness of the program is based on the outcomes that are achieved for children and the extent to which children benefit. All indicators should hinge on the safety of children and on meeting their needs. Jack Altfather asked about accessing information on the Child and Family Services Agency (CFSA) outcomes as reported by private agencies.

**ACTION:** The Subcommittee will review the New York City scorecard as well as review how private agencies report on Child and Family Service Agency outcomes in the District of Columbia. Margie Heald will also be contacted to further review the nursing home model.

**2. Abbreviated Literature Review on Group Homes Outcomes**

Sheryl Brissett-Chapman presented a preliminary summary of the literature indicating the inability of researchers to capture the efficacy of group homes and their impact on children placed in residential facilities. She recommended that the group avoid being

“trendy” in setting up recommendations for the report card. (See attached annotated bibliography.)

**ACTION:** Sheryl Brissett-Chapman to provide bibliography/references on literature and to continue to upgrade with new information. Subcommittee members will review literature and bring additional reference information to the next meeting.

### **3. Identification of Relevant State Models for Measuring Group Homes Outcomes**

*See Item #1*

### **4. Current Status of Outcomes System for Group Homes Implemented July 1**

Sheryl Brissett-Chapman asked if anyone is aware of challenges regarding the newly implemented Children's Services Outcomes Measurement System (CSOMS). She identified some issues and asked for validation/rejection by subcommittee members. The following areas were discussed:

- access and cost of timely training
- failure rate of certification
- time management of data entry
- confidentiality barriers
- mediating differences in provider profiles of youth
- generating reports at agency levels

Carmen Brown suggested that the CSOMS concerns be directed to Shelley Tinney at GOC who is the GOC staff person leading the outcomes system workgroup. Then the workgroup can address any concerns. Other questions during the meeting were: If these measures are being captured, with what consistency are providers using them? What is the process for getting data out of the system? What do we want to do, and what is the accountability vehicle? Can data being collected by CSOMS also be used for the Group Home Report Card, or do we need additional data, or a different analysis?

### **5. Next Steps – Identifying Tasks and Times**

Next meeting date: September 3, 4, or 10, 11:00 a.m. to 12:30 p.m., to be determined by subcommittee consensus.

#### **Attachments:**

- Literature Review
- CSOMS Summary
- To access private agencies report on Child and Family Service Agency outcomes in the District of Columbia, go to [www.cfsa.dc.gov](http://www.cfsa.dc.gov) then CFSA Reports and Assessments then Performance Scorecards (listed by month).



## Literature Review on Group Home Outcomes

### **1.) Residential Care in Illinois: Trends and Alternatives, Chapin Hall Center for Children at the University of Chicago, Budde et al., 2004**

The study analyses were grounded in a *continuum-of-care* perspective in which residential care is viewed within the context of an array of service options, and youth's experiences in residential care are put in the historical context of their pre-residential and post-residential care experiences. Findings: 1) Between 1995 and 2003, the percentage of youth (age 12 and older) in residential care declined from 26% to 15%. 2) The character of the population entering residential care shifted for the first time with an increasing concentration of highly troubled and traumatized youth, i.e. youth with multiple placement disruptions and failures, long stays in foster care, lack of permanent home before entering residential care. 3) Residential placement was used as last resort after all other placement and therapeutic options failed. 4) Residential care decision-making had narrow focus, resulting in excessive time for workers to navigate system, youth and other key people not involved, and no systemic feedback on the outcomes of the decisions. 4) Over 40% of youth leaving care experienced negative discharges, i.e., psychiatric hospital, detention, running away, or another residential placement between 1995 -2002. 5) Multivariate analyses showed that the higher level of negative discharge outcomes between 2002 and 2003 (59%) compared to 1995 (45%) was due to the changing characteristics and considerable mental health and placement needs of the youth entering residential care. 6) Youth with positive discharge outcomes (moving into foster care or returning home) were often unable to stay in less-restrictive settings. 51% in foster care returned to higher level of care; 31% (home, adoption, subsidized guardianship) eventually returned to higher levels of care.

Repeated foster care placements and placement instability influenced subsequent outcomes in residential care. Gender has an impact due to the increased likelihood boys will act out, rather than internalize problems. Child neglect has long-term effects, which may be overlooked. For some youth, shorter stays have negative consequences. African Americans are more likely to go into foster care than reunification, adoption, or subsidized guardianship.

### **2) Juvenile Delinquency in Child Welfare: Investigating Group Home Effects, Ryan, et al.**

Group homes fall into the broad category of residential care, including halfway homes, campus-based homes, emergency shelters, self-contained settings, and staff secured settings. In general, residential care represents an option of last resort. The results indicate that the relative risk of delinquency is approximately two and one half times greater for adolescents with at least one group home placement as compared with youth

in foster care settings. The researchers raise questions about the use of group homes for victims of physical abuse and neglect.

Within the child welfare system, 11% of placements are in group homes (2001). Group home residents are older, more likely to be male, minority, experience a range of socio-emotional and behavioral problems, and more likely to have prior involvement with the juvenile justice system. (1987-2001). Placement instability is a key factor, with youth moving up the continuum. Foster parents often unwilling/unable to maintain the placement (76% of reasons for placement disruptions, Zinn et al, 2006) and 28% of the time, they could not tolerate the child's behavioral or emotional problems. Frequent placement changes within the child welfare system significantly increase the risk of delinquency.

The authors argue that detaining youth in congregate residential settings with prolonged exposure to high risk peers, has the unintended effects of exacerbating deviance via positive social relationships. There is no evidence that group homes are anything other than unsafe, unable to support healthy development, unstable, and costly. They are associated with a range of negative outcomes. In this study, group home status, race, and gender have biggest impact on delinquency. Despite 26% of adolescents experiencing a group home placement, 40% were arrested while in a group home. Is this due to social contagion, self-selection, or organizational policies? In addition, the risk of arrest was 64% greater for African American youth in placement. Study limitations include reliance on administrative records, and reliance only on official arrests.

### **3) Multiple Stakeholder Agreement on Desired Outcomes for Adolescents' Mental Health Services, Garland, et al, 2004**

This study (170 adolescents, ages 11 to 18) identified desired outcomes for adolescent mental health services according to various stakeholders – adolescents, parents, therapists- and examined agreement across these groups. Most common outcome agreed to across all stakeholders was to reduce anger and aggression. Almost two thirds of the triads did not agree on even one of the desired outcomes for the adolescent's treatment. Youths and therapists were each more likely than parents to report desired outcomes related to the family environment. Youths were the least likely to report desired outcomes related to youth symptom reduction. Youth's anxiety disorder was associated with significantly greater agreement, whereas therapist's cognitive-behavioral orientation was associated with significantly poorer agreement. A lack of consensus was found among key stakeholders, which may limit engagement in treatment.

### **4) Children Referred to Residential Care: Reducing Multiple Placements, Managing Costs, and Improving Treatment Outcomes, Sunseri, et al.**

The study examined placement stability (planned discharge) among 8,933 children and adolescents. High level (intensive) residential programs achieve the greatest placement stability and that stability worsens as the level of care decreases. Children experiencing an unplanned discharge demonstrate a worsening of behavioral functioning. Although

there is a reluctance to place children into higher level residential facilities and children are generally required to fail lower level programs, study results indicate that when properly assessed and placed into the appropriate level of care at the outset, the majority of children exit the residential system altogether and return home or to home-like settings sooner and at a lower cost.

#### **5) The Role of Group Homes in the Child Welfare Continuum of Care, Baker and Calderon**

The study explores discharge destinations, length of stay, and reasons for the return to residential treatment for youth transferred from a RTC to a group home (60 boys). Results showed over half went to a lower level from the group home, and that the group home functioned as an intermediate level in the continuum of care. 20 went to a family, relative, or foster home and 16 went into a supervised independent living program, or were discharged to self. A subset exhibited emotional and behavioral problems and returned to the RTC. The author suggests that there are important public policy implications for understanding and enhancing the role of group homes in the continuum of care.

#### **6) Institutions vs. Foster Homes: The Empirical Base for a Century of Action, Barth, 2002**

This review considered four components of service outcomes: safety and well-being of children while in care, permanence/re-entry from care, long-term success of children in out of home care, and the costs of out of home care. 1) Children in group care may experience less chance of abuse and neglect, but also experience fewer interpersonal experiences which support their well-being. 2) Educational problems may be exacerbated due to limits with positive school experiences, including extra-curricular activities, and a lack of individualized academic attention. 3) There is little solid evidence about stability of placements in different types of placements. 4) Young adults who left group care are less successful, but more troubled youth are placed in this type of care. They have poor developmental skills because they were deprived of real life opportunities, which are needed for independent living. 5) Costs are 6-10 times higher than foster care and 2-3 times as high as treatment foster care.

Group care can provide services to more difficult to serve special groups of youth, i.e., youth who have previously run away and need a more remote or highly supervised setting; youth who are destructive or self-destructive; or youth who are transitioning home from a more restrictive setting may benefit from a family centered group setting until parental and community supports are put into place. Nevertheless, this author suggests that there is no need for large centralized emergency shelters or residential treatment centers for most children in the child welfare system.

## **7) Residential Care: Some High Risk Youth Benefit, But More Study Needed, GAO Report, 1994**

Eighteen programs were visited and reviewed, and all reported positive outcomes for some youths, i.e., achieving certain educational or employment goals, avoiding illegal activity after completing the program. Few programs conducted rigorous evaluations to measure effectiveness or long-term outcomes. The following factors indicated that residential care is suited for addressing the needs of some at risk adolescents because 1) Providing comprehensive services, around the clock contact with clients, and services focused on individual needs, can provide an effective treatment environment; 2) Removing clients from dangerous home and community influences can provide a safe setting for addressing their problem behaviors; and 3) Establishing a routine and discipline can bring order to what may have been fairly chaotic lives. The Report acknowledges that this is a restrictive form of care, can disrupt youths' attachments because it removes them from family and community, which is the setting to which treatment gains will have to transfer if positive outcomes are to be sustained after discharge, and is costly, considering not enough is known about the long term effectiveness of residential care, or where it best fits in the continuum of services, to determine under what circumstances it may be cost effective compared with other types of care such as community-based treatment.

Ten of the programs indicated that 50% or more of their program's youth exhibited all four of these behaviors: poor performance in school, delinquency, substance abuse, and early, unprotected sexual activity. Eleven key elements were identified for program success:

- 1) Developing Individual Treatment Plans
- 2) Participation of a Caring adult
- 3) Self-Esteem Building
- 4) Planning for Post-Program Life
- 5) Teaching Social, Coping, and Living Skills
- 6) Coordination of Services
- 7) Involving the Family
- 8) Positive Peer Culture
- 9) Enforcing a Strict Code of Discipline
- 10) Post-Program Support
- 11) Providing a Family-Like Atmosphere

The report urges funding for rigorous outcome studies to determine what kinds of programs work best for which youths, and the appropriate place of residential treatment on the service continuum.

Children's Services Outcomes Measurement System (CSOMS)  
Recommendations to Children's Cabinet October 18, 2007

**Background:**

HB53/SB177 passed during the 2007 legislative session requires the Governor's Office for Children (GOC) and some of the child-serving agencies (Department of Juvenile Services (DJS), Department of Human Resources (DHR), and the Department of Health and Mental Hygiene (DHMH)) to develop, coordinate and implement a system for outcomes evaluation for children and youth in residential child care programs (group homes) by July 1, 2008. The law mandates that the system for outcomes evaluation use standardized measures of the following eight outcomes:

1. Protection from harm while in out-of-home placement;
2. Stability of living environment;
3. Family situation and efforts to treat and counsel the family unit;
4. Educational and vocational development;
5. Job skills and employment readiness;
6. Legal and appropriate use of drugs and alcohol;
7. Progress in learning positive, nonaggressive behavioral habits; and
8. Delinquency status.

To accomplish this, a large stakeholders group consisting of representatives of the above State agencies, providers and universities met on a regular basis in August and September, 2007. (Although the Maryland State Department of Education (MSDE) was not included as a mandated participant in the bill, the group elected to include MSDE to provide input for the educational outcomes and indicators.) The group reviewed a list of over 31 indicators, as well as standardized measurement tools, including the Child and Adolescent Needs and Strengths (CANS) and the Child and Adolescent Services Intensity Instrument (CASII).

The CANS is currently used by all Wraparound pilot sites and is included in the 1915 Medicaid waiver through DHMH. The CASII is currently being used by DJS and is also included in the 1915 Medicaid waiver. The stakeholders group is recommending that the CANS be used as the standardized measurement tool for the first phase of the project that is due by July 1, 2008. This standardized measurement tool is capable of measuring six of the eight outcomes. Data reports from the child-serving agencies are recommended for measuring the other two outcomes. The stakeholders group also recommended that an already-existing State database system be used to capture the data. The recommendations from that group are below. These recommendations were approved by the Children's Cabinet Results Team (CCRT) on October 15, 2007.



### **Recommendations:**

1. The system should be built within State Children Youth and Families Information System (SCYFIS).
2. The development and implementation of the system should be done in several phases. This would enable the system to be active by the prescribed date with plans for a more comprehensive system in the future.
  - a. Phase I (to be completed 7/1/08) would begin the outcomes measurement process as follows:
    - i. Utilize the Child and Adolescent Needs and Strengths (CANS) Assessment as the standardized assessment tool to measure the following outcomes: #2: Stability of living environment; #4: Education and vocational development; #5: Job skills and employment readiness; #6: Legal and appropriate use of drugs and alcohol; and #7: Progress in learning positive, non-aggressive behavior. (See Attachment #1 for specific recommendations on CANS items for each outcome.)
    - ii. Consult with John Lyons, the developer of the CANS, on the best methodology and particular items to use to measure these outcomes. This consultation can occur through existing contracts between the State and Innovations Institute.
    - iii. Utilize reports from agencies to measure the following outcomes and indicators: #1: Protection from harm; #8: Delinquency status.
    - iv. Utilize data reports of family involvement from group homes.
  - b. In Phase II (to be completed at a future date), add the following:
    - i. Institute the use of the Child and Adolescent Services Intensity Instrument (CASII) to help determine measures of appropriate placement and improvement. (Also provider profiles and levels of intensity will assist with this).
    - ii. Review the possibility of using grades as an additional measurement of educational development (Outcome #4). Also develop a measurement of reading capacity such as percentage of youth reading at an 8<sup>th</sup> grade level.
    - iii. Review the possibility of using the number of youth injuries requiring medical attention per 100 days in out-of-home placement as an additional measurement of protection from harm (Outcome #1).
    - iv. Review the possibility of adding a case planning module to SCYFIS.
  - c. Data Development suggestions beyond Phase II:
    - i. Consider adding measures of transitioning to adulthood such as educational attainment, employment, independent housing etc.



**Other Considerations:**

1. Continued consensus and cooperation is needed among agencies for Joint Chairman's Report (JCR) and other sharing of data.
2. While it is ideal to follow youth after discharge, tracking this data after discharge from placement and termination with agency is very difficult.
3. Measuring the outcomes of group homes (or any other service system) cannot be done in a vacuum. As this process moves forward, stakeholders would like the following to be considered:
  - a. Intensity of needs of youth served and services provided.
  - b. An opportunity to capture and tell the "story behind the data."
  - c. Recognition that many partners are involved in achieving outcomes for youth in any system.

### **Attachment #1: Specific measurements for each outcome:**

The Child and Adolescent Needs and Strengths (CANS) assessment consists of seven broad categories: life domain, child strengths, acculturation, caregiver strengths, caregiver needs, child behavioral/emotional needs and child risk behaviors. Within each of these categories are individual items that are scored by the person completing the assessment. The stakeholders group reviewed the CANS in detail to determine the specific individual items from each of the general categories that were relevant to measuring the outcomes. The list below details the specific data recommended for each outcome. The items listed below from the CANS will be reviewed with John Lyons, developer of the CANS, to ensure that these are appropriate measures. Each item from the CANS lists the name of the item, the general category to which the item refers, and the page number of the CANS Comprehensive Multisystem Assessment Manual where the item can be found.

#### **Outcome #1 – Protection from harm**

GOC will obtain the data for this indicator from agency reports (specifically DHR):

- The rates of unsubstantiated and indicated child abuse or neglect of children in out-of-home placements in community-based residential placements

#### **Outcome #2 – Stability of living environment**

- % of children in care with 3 or more placements across agencies within 1 year (agency report)
- CANS living situation (life domain) p.4

#### **Outcome #3 - Family situation and efforts to treat and counsel family unit**

Assumption: Group homes are working on family functioning by providing access and coordinating those services. Group homes would collect the following data:

- % of families who signed off on treatment plan
- % of youth with at least one connection to a family member as evidenced by a phone number or e-mail address

#### **Outcome #4 - Education and vocational development**

- CANS school behavior (life domain) p.6
- CANS school achievement (life domain) p.6
- CANS school attendance (life domain) p.6
- CANS educational (child strengths) p.7
- CANS vocational (child strengths) p.7
- CANS talents/interests (child strengths) p.7

#### **Outcome #5 – Job skills and employment readiness**

- CANS vocational (life domain) p.5

#### **Outcome #6 – Legal and appropriate use of drugs and alcohol**

- CANS substance use (child behavioral/emotional needs) p. 12

**Outcome #7 – Progress in learning positive, non-aggressive behavior**

- CANS interpersonal (child strengths) p.6
- CANS optimism (child strengths) p.7
- CANS psychosis (child behavioral and emotional needs) p.11
- CANS impulsivity/hyperactivity (child behavioral and emotional needs) p.11
- Depression (child behavioral and emotional needs) p.11
- Anxiety (child behavioral and emotional needs) p.11
- Oppositional (child behavioral and emotional needs) p.11
- Conduct (child behavioral and emotional needs) p.12
- Adjustment to trauma (child behavioral and emotional needs) p.12
- Anger control (child behavioral and emotional needs) p.12
- Suicide risk (child risk behaviors) p.12
- Self-mutilation (child risk behaviors) p.12
- Other self harm (child risk behaviors) p.13
- Danger to others (child risk behaviors) p.13
- Sexual aggression (child risk behaviors) p.13
- Runaway (child risk behaviors) p.13
- Delinquency (child risk behaviors) p.13
- Judgment (child risk behaviors) p.14
- Fire setting (child risk behaviors) p.14
- Social behavior (child risk behaviors) p.14

**Outcome #8 – Delinquency status**

GOC will obtain the data for this indicator from agency reports (specifically DJS):

- % of children in group homes who are adjudicated for the first time to DJS
- % of children returned home to the community who are a) adjudicated, or b) re-adjudicated to DJS within 12 months.

**Residential Care in Illinois:  
Trends and Alternatives**

**Executive Summary**

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**June 30, 2004**

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## INTRODUCTION AND METHODS

As part of its efforts to improve the utilization and quality of residential care, the Illinois Department of Children and Family Services (DCFS) asked Chapin Hall Center for Children at the University of Chicago to study residential care and alternatives to residential care for youth in foster care. The purpose of the study is to provide DCFS and service providers with information that can inform management and practice decisions about how to better serve the most troubled children and youth in substitute care in Illinois.

Two reports were completed, based on several types of research methods. In the Interim Report,<sup>1</sup> we analyzed administrative data to describe trends in residential care utilization from 1993 to 2003. For our final report, we presented multivariate analyses to predict entry to residential care and discharge/post-discharge placement outcomes; examined case records and conducted interviews with a variety of key informants to understand the decision-making processes surrounding referral to and placement in residential care; and conducted a review of selected literature.<sup>2</sup>

By *residential care*, we refer to institutional (i.e., IPA<sup>3</sup>) and group home settings in which some DCFS wards live. Other types of residential settings (e.g., shelter care, detention, hospitalization) are examined in relation to institutional and group home care experiences, and we do not refer to them as residential care. Residential care is also distinct from different types of foster care, in which a child lives in a family setting with a foster parent.

Our analyses are grounded in a *continuum-of-care* perspective in which residential care is viewed within the context of an array of service options, and youth's experiences in residential care are put in the historical context of their pre-residential and post-residential care experiences. In addition to describing trends in the utilization of residential care, we provide descriptive information about the following sequence of a youth's potential experiences in placement with DCFS:

- Prior to entering residential treatment (e.g., foster care, hospitalization)
- During placement with a specific residential care provider
- Discharge outcomes (i.e., where youth go at the point of discharge)
- Post-discharge outcomes (i.e., what happens to youth after discharge)

This is one of the most extensive studies ever conducted of residential care. The analyses of residential care utilization and the placement experiences of youth provide findings that can inform critical policy and practice dialogues, as well as decisions about the utilization of residential treatment. The findings fall into six areas:

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<sup>1</sup> The full name for the Interim Report is: *Residential Care in Illinois: Trends and Alternatives; Interim Report: Descriptive Findings from Analysis of DCFS Administrative Data*.

<sup>2</sup> Most of our analyses in the interim report focus on youth in placement in Illinois who were 12 years and older, since they make up the bulk of children in residential care. In the final report, we extended our analyses to include children and youth 10 and older.

<sup>3</sup> IPA is a code for institutional placements in the administrative data that stands for *Institution Private Agency*.

- Residential care utilization
- Characteristics of residential care caseloads
- Residential care decision making
- Discharge outcomes
- Post-discharge outcomes
- Factors that were predictive of key placement outcomes for youth

Below, we discuss the key findings in each of these areas and suggest some basic implications of these findings.

## **KEY FINDINGS AND IMPLICATIONS**

### **Residential Care Utilization<sup>4</sup>**

There were significant declines in the use of residential care over time in Illinois.<sup>5</sup> Key findings include:

- Between fiscal years 1995 and 2003, there has been a statewide reduction in the residential care caseload in Illinois, resulting from policies designed to serve more children and youth in less restrictive settings and limit the utilization of residential care. Specifically, the number of children in residential care declined from 4,015 in 1995 to 1,683 in 2003.
- The percentage of youth (age 12 and older) in substitute care who were placed in residential care declined from 26 percent to 15 percent between 1995 and 2003.

The reduction in the size of the residential care caseload has implications for residential programs and for the foster care system more broadly. Over 60 residential programs have closed since 1994. DCFS and foster care providers are serving proportionately more youth in foster care rather than in residential care. Furthermore, some of the youth served in foster care in recent years may have been served in residential care in previous years.

### **Characteristics of the Residential Care Caseload<sup>6</sup>**

The residential care caseload has changed over time to include an increasing concentration of highly troubled and traumatized youth. As the caseload declined after fiscal year 1995, the character of the population entering residential care programs for the first time shifted. In

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<sup>4</sup> Findings in this section are based on analysis of administrative data from 1993-2003, see Interim Report for details.

<sup>5</sup> While we are confident in the overall trends presented here, some proportion of the declines reported may be due to declines in the use of shelter care. We were able to identify most shelter care placements that were coded as residential placements in the database, but some shelter care placements could not be accurately distinguished from residential care placements.

<sup>6</sup> Findings in this section are based on analysis of administrative data from 1993-2003, see Interim Report for details.

comparison to 1995 first-time entrants, youth entering in 2003 had been in foster care longer, had experienced multiple failed placements, or were being “stepped down” from more restrictive locked settings—juvenile detention, Department of Corrections facilities, or psychiatric hospital programs. Specifically:

- The average number of prior placements for youth first entering institutional placements was 4.8 in 1995 and 9.3 in 2003.
- More than one-third (over 500 youth) of first time entrants into residential care in 2003 had 11 or more prior placements.
- Almost 40 percent of youth entering residential care in 2003 (over 650 youth) entered directly from locked settings.
- The median time from entry into out-of-home care to first entry among youth (12 and older) into an institutional residential care placement almost doubled from about 1.25 years in 1995 to over 2 years in 2003.

A large number of youth now being placed in residential care have experienced the trauma of multiple placement disruptions and failures, long stays in foster care, and the lack of a permanent home before entering residential care. These findings also suggest that the smaller number of residential programs in Illinois now are, on average, serving more troubled youth than residential programs in the mid-1990s.

### **Residential Care Decision Making<sup>7</sup>**

We examined case records and conducted interviews with a variety of key informants to understand the decision-making processes surrounding referral to and placement in residential care.

- Residential care is used as a last resort. Regional DCFS staff and consultants review referrals for residential care as a last resort after all other placement and therapeutic options have failed.
- Some youth referred to and approved for residential care do not appear to have received intensive services that could potentially prevent residential care. Despite the emphasis on using residential treatment as a last resort, our analysis of case records in which youth were approved for residential care suggests that some of these youth had not previously received three key types of intensive support services available through DCFS (intensive case management, crisis intervention, or system of care) or intensive foster care placements (e.g., specialized foster care). However, these youth may have received other therapeutic or supportive services.

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<sup>7</sup> Findings in this section are based on analysis of interviews with decision makers, caseworkers, and foster parents; and case record reviews, see Final Report for details. Initial decisions about whether a youth needs residential care are made by regional Placement Review Teams. For youth who are approved for residential care, decisions about where to place youth are made by a statewide committee. The key findings are drawn primarily from analyses of regional decision-making.

- Regional decision making on referrals for residential care is structured to focus narrowly on whether or not to approve residential care. Although alternative services are often recommended, decision makers have no direct access to intensive alternatives (e.g., system of care services, specialized foster care), which require separate authorization.
- Decisions are often made in isolation from the youth's experience; decision makers often do not meet the youth or foster parents, and there is no mechanism to provide decision makers with systematic feedback on how youth fare after decisions are made.

Using residential care as a last resort is consistent with efforts to serve youth in the least restrictive setting possible, and it promotes reduction of residential care utilization and associated costs. However, the emphasis on failed placements as a fundamental criterion for approving residential care may leave no planful way for a child to be placed into residential care and inhibit the success of subsequent treatment efforts. Some youth did not receive any of the primary intensive placement or supportive service options prior to being approved for residential care. Although residential care may be the appropriate placement choice for some or most of these youth, it is possible that others could be served effectively through alternative strategies that can be initiated quickly and that are of sufficient intensity, quality, and duration to meet the needs of youth who have been in highly restrictive settings.

The narrow focus on residential care decisions may serve a function of adding clarity to the decision making process, but it appears to have some negative consequences as well. First, the lack of an integrated regional decision-making process in which both residential and alternative care and service options are considered forces caseworkers to spend more time navigating through the system when youth are not approved for residential care. This may result in delays in providing alternative services in crisis situations when a quick response is needed. Second, key people, including youth, may not be sufficiently involved in decision making and case planning. Third, decision makers who get no systematic feedback on the outcomes of their decisions will have a hard time improving decision making. Finally, the narrow focus on whether to approve residential care at a single point in time does not support, and may detract from, efforts by DCFS and services providers to focus more on the child or youth's experience and outcomes over time.

### **Discharge Outcomes<sup>8</sup>**

One useful way of using the administrative data is to examine where youth go when they leave residential care. We call their next destination a *discharge* outcome. Youth may be *stepped down* from residential care to less restrictive settings such as foster care or a potentially permanent living arrangement (e.g., home, adoption, guardianship). These are generally considered *positive* discharges. Alternatively, youth may go to what we call *negative* discharge destinations, which include going to a psychiatric hospital,<sup>9</sup> detention, running away, or another residential

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<sup>8</sup> Findings in this section are based on analysis of administrative data in both the Interim and Final Reports.

<sup>9</sup> It is important to note that hospitalizations may be needed and can potentially be therapeutic short-term placements for some youth. We include these events as *negative* discharges because they were clearly not the original or optimal discharge goal for youth.

placement. These discharge outcomes provide one limited but useful way of understanding how youth fared in residential care.

- A high percentage of youth leaving residential care experienced negative discharge outcomes. Over 40 percent of youth experienced negative discharge outcomes between 1995 and 2002.
- Among youth entering residential care institutions for the first time in 2002, 59 percent experienced one of these negative discharge outcomes, compared with 45 percent of 1995 entrants.
- Multivariate analyses showed that the higher levels of negative discharge outcomes and the lower levels of stepdowns among youth entering residential care in 2002 and 2003, relative to 1995 entrants, were due to changes over time in the characteristics of youth entering residential care.

The fact that a majority of youth in institutional residential placements in 2002 experienced negative discharge outcomes suggests the need to explore how to better address the considerable mental health and placement needs of youth who enter residential care.

### **Post-Discharge Outcomes<sup>10</sup>**

One of the most important issues in assessing residential care outcomes relates to how youth fare after leaving residential care. In the findings described below, we focus on youth who experienced two types of *positive* discharge outcomes—moving into foster home care or returning home. While it is important to try to serve youth in these less restrictive familial settings, we want to see whether these arrangements remain stable over time.

Youth with positive discharges from residential care were often unable to stay in these less-restrictive settings. Among youth who were discharged from their first residential care setting to less-restrictive settings during 1995 – 2003:

- About half (51%) of 1,677 youth discharged to foster care eventually returned to higher levels of care during this time frame.
- About one-third (31 %) of 625 youth discharged to a living arrangement with the goal of permanency (home, adoption, subsidized guardianship) eventually returned to higher levels of care during this time frame.

These findings highlight the importance of exploring how to best support youth and caregivers following discharge from residential care.

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<sup>10</sup> Findings in this section are based on analysis of administrative data discussed in the Final Report.



## Factors that Were Predictive of Key Placement Experiences/Outcomes for Youth<sup>11</sup>

We examined factors that were predictive of the likelihood that a youth would experience three types of placement outcomes:

- *Entering residential care* (among youth entering substitute care from outside the child welfare system or from non-residential placements such as foster care)
- *Experiencing one of four types of discharge events at the end of their first residential placement over time*: foster care, a setting in which the goal is to have a permanent living arrangement (e.g., return home, subsidized guardianship, adoption), negative events (running away or going to locked psychiatric or correctional settings), or lateral moves (i.e., going to other residential programs)
- *Going back into residential care* (among youth who were placed in foster care or who went home at discharge)

The predictors we examined included demographic characteristics, youth placement and maltreatment experiences, and region of residence. These analyses show the unique association of each factor with placement outcomes while simultaneously taking into account (i.e., controlling for) the effects of the other factors in each model. Identifying risk factors for negative placement outcomes can help DCFS and service providers better target services to youth at various points along the continuum of substitute care.

Below we highlight some of the key predictors of one or more of the three placement outcomes for youth.

- *Number of prior placements*. Repeated placement failures before entering residential care increased the likelihood of subsequent negative discharges from residential care (to detention, DOC, hospitalization, or running away) and, for youth stepped down to foster care at discharge, increasing the likelihood of stepping back up into residential care.
- *Gender*. Boys were more likely than girls to experience residential care as a first or subsequent placement, less likely to step down to foster care (a less-restrictive and usually less-intensive form of substitute care), and if stepped down to foster care, more likely than girls to be stepped back up to residential care.
- *Race*. Hispanic youth in foster care were less likely than other youth to enter residential care. Among youth in residential care, African American youth were significantly more likely than other youth to be discharged to foster care, but significantly less likely to be discharged to a permanency setting (reunification with parents, adoption, subsidized guardianship).
- *Maltreatment*: Youth who experienced inadequate supervision (a type of child neglect) prior to entering substitute care were at greater risk of entering residential care from

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<sup>11</sup> Findings in this section are based on statistical analyses of factors that were predictive of placement outcomes that a youth. See Final Report for details.



foster care, experiencing a lateral discharge from one residential care placement to another, and being stepped back up to residential care following discharge to foster care or permanency.

- *Running away*: Running away from foster care more than doubled the likelihood of entering residential treatment, and, for youth in residential care, running away 2 or more times prior to entering residential care doubled the likelihood of negative discharges.
- *Length of stay in residential care*: Among youth stepped down to foster care, having been in residential care for less than 90 days significantly increased the likelihood of stepping back up to residential placement.

In summary, the trauma of repeated placement failures appears to influence subsequent placement outcomes for youth throughout their experience in substitute care. These findings highlight the critical importance of preventing placement instability at an earlier point in time, during a child's initial experiences in foster care. One reasonable interpretation of the strong gender differences is that acting out problems, which may be more common among boys, have a greater impact on placement outcomes and decisions than other types of emotional or behavioral problems (e.g., youth who internalize their problems and feel anxious or depressed). The racial differences are modest, but they suggest the need for further research in this area to better understand racial differences. The finding that inadequate supervision and child neglect may have long-term effects on the subsequent functioning and placement experiences of youth suggests that although our society tends to focus on the consequences of physical and sexual abuse, the consequences of child neglect warrant greater attention. Although shortening the length of stay in residential care is sometimes a focus of child welfare policy, shorter stays can potentially have negative consequences for some youth.

## CONCLUSIONS

In the mid-1990s, DCFS began to implement extensive gatekeeping procedures in order to reduce the utilization of residential treatment programs in Illinois. Our data suggest that these efforts likely have produced their desired effect—residential treatment utilization has declined consistently and dramatically since 1995, at a much faster rate than utilization of all other types of placements. Declines in residential treatment utilization have resulted in cost savings for DCFS that have undoubtedly enabled the department to focus its fiscal resources on other important needs for children and families, especially in an era of fiscal austerity and budget cuts.

The continuing relative declines in residential caseloads suggest that the criteria for admission to residential treatment, whether formal or informal, may have gotten progressively more restrictive after 1995, especially between 1995 and 2001. Accordingly, the tight admissions criteria for residential care were reflected in our qualitative study of decision making—youth referred for residential care were often only approved when other options had failed them or when they were coming from highly restrictive settings.

Although this study cannot draw conclusions about whether these changes were good or bad for youth, our findings do show that there is considerable room for improvement in serving youth before, during, and after their residential care experiences.

Despite the emphasis on using residential care as a last resort, programmatic efforts to divert youth from residential care are structurally disconnected from the extensive process of deciding whether to approve referrals for residential care. This may result in critical delays in providing these alternative services and considerable extra work for caseworkers.

In recent years, residential care providers have been serving a smaller population of youth that appears to be, on average, more difficult to care for than previous populations. Nonetheless, the fact that over half of youth experience negative discharge outcomes from their first institutional residential care placement highlights the need for both DCFS and providers to explore ways to improve services to these youth.

Furthermore, many youth who experience what we have called *positive* discharges (i.e., to less-restrictive settings) from residential care eventually end up back in more-restrictive settings. Thus, discharge from residential care is a challenging transition for many youth and their subsequent caregivers, and the system of care can explore ways of supporting both groups more effectively.

Finally, many youth entering residential care for the first time had already experienced the trauma of multiple placement disruptions and failures in foster care. Significantly, having more prior placements was predictive negative discharge and post-discharge outcomes, illustrating some of the consequences of earlier placement instability for youth and for the system. Efforts to help youth in any setting are likely to be inhibited by a history of prior placement instability and failure. Youth who run away or are placed in detention in foster care are also at increased risk of entering residential care and of experiencing negative placement outcomes at discharge. Thus, whenever children and youth experience placement disruptions, run away, or are put in detention, these events can serve as very concrete triggers to activate DCFS's new efforts to assess placement and mental health needs and services.



## Juvenile delinquency in child welfare: Investigating group home effects

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### Abstract

Group homes fall into the broad category of residential care, a category that also includes half-way homes, campus based homes, emergency shelters, self-contained settings, and staff secured setting. In general, residential care services represent an option of last resort. In the current study we use administrative records from a large urban county and propensity score matching to investigate the relationship between group home placements in child welfare and the risk of delinquency ( $n=8226$ ). The results indicate that the relative risk of delinquency is approximately two and one half times greater for adolescents with at least one group home placement as compared with youth in foster care settings. This finding raises serious questions about the use of group homes for victims of physical abuse and neglect.

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**Keywords:** Foster care; Juvenile delinquency; Group homes

### 1. Introduction

Group homes fall into the broad category of residential care, a category that also includes half-way homes, campus based homes, emergency shelters, self-contained settings, and staff secured setting (Curtis, Alexander, & Lunghofer, 2001; Child Welfare League of America, 2005). In general, residential care services represent an option of last resort. That is, child welfare systems attempt to work with children and families in the least restrictive environment. Such practices reflect the 1980 Adoption Assistance and Child Welfare Act (P.L. 96272) which established the foundation for a continuum of care (Stuck, Small, & Ainsworth, 2000). When less restrictive environments are unavailable or insufficient with regard to meeting needs of individuals, child welfare systems move youth up the continuum of care and into more secure settings. In the current study we investigate the relationship between group home placements in child welfare and the risk of delinquency. Our review of the literature focuses on the definition of group homes, the characteristics of youth served in group homes, and the potential problems associated with group home placements.

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Group homes are utilized in a variety of social service settings including child welfare, mental health, and juvenile justice. Within the child welfare system, approximately 11% of all substitute care placements are associated with a group home (CA RADD, 2001). Group homes are smaller than other residential facilities, consisting of a medium size home capable of housing between 6 and 9 adolescents in a community based setting. Within the social service continuum of care, group homes are less restrictive than in-patient psychiatric clinics and juvenile detention centers, but more restrictive than family foster care (Handwerk, Friman, Mott, & Stairs, 1998). Group homes are considered staff secured as opposed to a locked facility. In contrast with large residential care facilities, group homes generally do not provide academic instruction and the adolescents served within these programs largely attend local public schools. In part, the relatively low number of youth served within each group home and the staff required to manage each facility causes group homes to be one of the most expensive placements options for child welfare systems. Congregate care placements cost between six and ten times as much as placement in a foster family home (Barth, 2002). In 2000 for example, 43% of all substitute care dollars in the state of California were associated with group home placements (CA RADD, 2001). As the vast majority of youth never enter a group home setting, the high costs and overall proportion of the budget allocated to group home placements is concerning for child welfare systems. The current study focuses not on the concerns related to cost, but rather concerns related to program effectiveness.

### 1.2. Characteristics of youth served in group homes

The placement of children in group homes, like other placement settings, is not random. That is, some children and adolescents in the child welfare system are significantly more likely to experience at least one spell of care in a group home. In part, this non random selection process makes it difficult to fully disentangle individual and group home specific effects. Adolescents placed in group home settings are older, more likely to be male, minority, experience a range of socio-emotional and behavioral problems, and are more likely to have prior involvement with the juvenile justice system as compared with adolescents living in traditional foster care or a specialized foster care home (Berrick, Courtney, & Barth, 1993; Curtis et al., 2001; Knapp, Baines, Bryson, & Lewis, 1987; Mech, Ludy-Dobson, & Hulseman, 1994). Using the Child Behavior Checklist several studies document the significantly higher rates of externalizing behaviors and conduct disorders with adolescents in group care settings (Heflinger, Simpkins, & Combs-Orme, 2000; McMillen et al., 2005). Given the prevalence of such problems, youth in group care settings are also more likely to receive psychotropic medications. In a recent study of medication for youth in care, Breland-Noble et al. (2004) report that adolescents in group home placements were significantly more likely than youth in therapeutic foster care settings to take medication and to take more medications (polypsychopharmacology). In addition to individual characteristics, the potential for delinquency in group home settings may also result from high rates of placement instability and the exposure to other high risk adolescents.

Placement instability is a common phenomenon and characteristic associated with residential placement settings (Courtney, 1998; Knapp et al., 1987). In part, such instability can be explained with how group home placements are utilized. Children and adolescents are rarely removed from the biological family home and placed directly into a congregate care setting. In general, out of home placements commence in kin or non kin foster family homes, and when such arrangements no longer work, individual youth are moved up the continuum into more secure settings. There are a variety of reasons placements “don’t work” but foster parent unwillingness is the most pervasive. In a recent and comprehensive study of placement instability, Zinn et al. (2006) reports that 76% of placement disruptions were due, at least in part, to foster parents’ inability or unwillingness to continue fostering. Among those moves attributed to foster parents, the reason most commonly cited (28%) was foster parents’ inability to tolerate children’s behavioral or emotional problems. Placement instability is problematic because it is associated with a range of negative outcomes including child behavior problems, feelings of insecurity, and overall dissatisfaction with the foster care experience (Festinger, 1983; Kurtz, Gaudin, Wodarski, & Howing, 1993; Redding, Fried & Britner, 2000). Specific to the current study, evidence indicates that frequent placement changes within the child welfare system significantly increase the risk of juvenile delinquency (Ryan and Testa, 2005).

Perhaps even more than placement instability, the negative effects of peer contagion within the group home is disconcerting for practitioners and policy makers. Such concern focuses largely on the exposure and socialization processes (e.g. social learning) that are likely to shape and support deviant attitudes and behaviors. Dishion et al. (1999) report that peer group interventions increase problem behaviors and negative life outcomes through adolescence and in to early adulthood. The authors argue that detaining youth in congregate residential settings and specifically the

prolonged exposure to high risk peers has the unintended effect of exacerbating deviance via positive social relationships. The conceptualization of deviance includes but is not limited to smoking, school problems, aggression, substance abuse, and delinquency (Lee, 2007).

The potential for problems associated with group home placements seems to increase as ties are severed between group home youth and other more positive role models. Group homes often cut juveniles off from their nondelinquent and prosocial peers and keep youth with others that are often delinquent and/or have emotional and behavioral problems including conduct disorders and ADHD (Osgood & Briddle, 2006). The potential positive effects of living in a group home may be lost to the effects of social anxiety, peer pressure and other residual occurrences of being in the presence of peers, especially such peers with strong personalities, as is often the case with deviant youth (Dodge, Dishion & Landsford, 2006).

The risk for delinquency also appears to be mediated by the level of deviance a peer has upon entrance into a group facility, the number of deviant peers present, and the length and amount of deviant peer exposure one has. Specifically, a child who is moderately deviant is most susceptible to become more entrenched in delinquent friendships (Dodge & Sherrill, 2006).

With regard to specific outcomes in the child welfare system, group care has achieved little success. In fact, a recent review entitled *Institutions vs. Foster Homes: the Empirical Base for a Century of Action* indicates that there is virtually no evidence to support the use of group care in child welfare (Barth, 2002). Group homes are described as unsafe, unable to support healthy development, unstable, and costly. Moreover, children in group care settings report seeing family members less often as compared with children in kinship care, and are less likely to experience reunification with biological caregivers; this is especially true for children aged 6–12 (Barth, 2002; Wulczyn, Hislop, & Goerge, 2000).

Problems associated with group homes within the child welfare system are also reported in the academic domain. Compared with youth in family foster care arrangements, youth in group homes received mostly Cs and lower in school, have truanting problems, take remedial classes in school, and attain lower levels of education (Berrick et al., 1993; Festinger, 1983; Knapp et al., 1987; Mech et al., 1994). Educational problems may be more prevalent for those in group care because of the limited opportunity for children to be involved in extra-curricular activities—activities that promote well-being and self-confidence. Moreover, the highly structured nature of group living can hinder children's pursuit of individual development in academic and extra-curricular activities (Barth, 2002). Areas for studying and learning at the group facilities may be limited due to the shortage of resources (e.g., lack of both available staff to help with homework and appropriate or adequate study areas) and the presence of disruptive peers. Similarly, children in group care have fewer opportunities and are less likely to demonstrate the ability to engage in real life tasks (Barth, 2002; Mech, Ludy-Dobson, & Hulseman, 1994).

It is important to note that the criticisms associated with child welfare placements are not limited to group care. In fact, there exists a long standing debate with regards to how states can best serve families involved with child protection. Advocates of family preservation argue for keeping families intact and providing a variety of clinical and concrete services in the family home (citation needed). Such advocates assert that too many families have their children removed only to then experience the secondary trauma of placement (citation needed). Regardless of whether states have the correct population of children and adolescents in care, it is critical to understand the outcomes associated with such placement experiences and to identify whether or not certain types of placement (e.g. foster care) are more likely to improve strengths and reduce risks as compared with others (e.g. group homes).

The current study builds on the child welfare literature and makes a unique contribution by focusing the discussion on the types of placements that might be most problematic. As the term “placement” as used in previous studies often encompasses a variety of unique settings, conclusions drawn from this work may lead to misguided shifts in policy and practice. For example, Doyle (in press) reports that children on the margin of placement achieve better outcomes when they remain in the home as compared with children placed in “foster care.” Specifically, Doyle (in press) concludes that children in “foster care” have significantly higher delinquency rates, teen birth rates, and significantly lower earnings. With this finding one might logically argue against the use of foster care. Yet Doyle (in press) uses the term “foster care” to represent any and all placements within the child welfare system. Foster care is in fact only one of several different types of placements used in the child welfare system. Thus, a methodological approach that differentiates and compares various settings within the child welfare system is critical to understanding “placement” effects. In the current paper, we disentangle the differences between two commonly used placements in child welfare: foster care and group homes.



In summary, group home placements are often associated with a range of negative outcomes. Yet to date there exist no studies of group home placements and the likelihood of delinquency in the child welfare system. In the current study we use sophisticated analytic techniques to help minimize sample selection bias and focus on the likelihood of delinquency for youth in group home placements.

## 2. Methods

Several sources of data are used in the current study, which include administrative records for all children and families involved with the Department of Children and Family Services and the Department of Probation in Los Angeles County. The child welfare data (DCFS) include demographic information (birthdates, race, gender), allegations of maltreatment (report date, type of maltreatment, finding), and child welfare services (placement dates, placement types). The measure of maltreatment includes official reports of physical abuse, sexual abuse, neglect, emotional abuse, and substance exposure at birth. The child welfare records include all youth ( $n=91,860$ ) involved with DCFS between 2001 and 2005. Involvement with child welfare in Los Angeles County includes any open or ongoing case between 2001 and 2005. Such cases may be limited to a single allegation of maltreatment, but also include children receiving in-home services and children in long term placements.

The delinquency records originate with the Los Angeles County Department of Probation and include all arrests ( $n=230,259$ ) for all minors ( $n=82,376$ ) in Los Angeles County between 2001 and 2005. The delinquency records include demographic characteristics (birthdates, race, gender), arrest date, offense type, and judicial disposition. The child welfare and juvenile justice records do not share a common unique identifier (e.g. social security number) and were thus linked by common identifiers (last name, first name, birthdate, race, gender) using probabilistic matching software.

The current study focuses on the risk of delinquency associated with group home placement. Thus, the sample in the current study is limited to adolescents with at least one placement episode. The sample is also limited to youth with no prior arrests (prior to first placement episode that is) and limited to youth between 7 and 16 years of age—so that each youth is eligible for a delinquency petition during the period of observation ( $n=20,309$ ). To best understand the unique effects of group home placement however, we use a propensity score approach to match youth in group homes with youth in foster care.

Within the full sample ( $n=20,309$ ), there are 5238 (26%) youth with at least one group home placement. The remaining 15,071 (74%) youth reside in foster care placements. Important to note are the differences between these two placement groups. For example, group homes serve a higher percentage of males (54% vs. 45%) and African Americans (48% vs. 41%). Similarly youth in group home placement are associated with a significantly higher number of prior placements as compared with youth entering foster care placements (62% of group home youth are associated with 4 or more placements as compared to 23% of youth in foster care). Prior research identifies each of these characteristics as significant predictors of delinquency within the context of the child welfare system (Ryan & Testa, 2005). Thus, such differences and the potential selection effects associated with group home settings must be considered when investigating specific placement effects. In the current study we use propensity score matching (PSM) procedures to minimize selection bias.

PSM is a technique used to select control subjects (youth in foster care) who are “matched” with the treated subjects (youth served in group homes) on background covariates. Propensity score matching controls for many background covariates simultaneously by matching on a single scalar variable (D’Agostino, 1998). The PSM analysis was performed with STATA/PSMATCH2. The method selected was nearest neighbor matching within caliper with no replacement. This method consists of randomly ordering the treated (group home) and control (foster care) subjects, then selecting the first treated subject and finding the control subject with closest propensity score within a predetermined common-support region called a caliper. Both subjects are then removed from consideration for matching and the next treated subject is selected.

The sample used in the PSM procedures included 20,309 youth between 7 and 16 years of age with at least one placement episode. Before matching, the treated group (i.e. group home) had an  $n=5238$  and a mean propensity score of .3704 ( $SD=.2312$ ,  $min=.0995$  and  $max=.9712$ ). We used the following variables to create the matched groups: age at first placement, race, gender, total placement changes, placement changes related to AWOL, placement changes related to child behavioral problems, and physical abuse as the primary reason for placement. The control/non-treated group (i.e. foster care) had an  $n=15,071$  and a mean propensity score of .2188 ( $SD=.1214$ ,  $min=.0995$  and



Table 1  
Comparison of original and matched samples

|                              | Pre match sample (n=20,309) |             | Post match sample (n=8226) |             |
|------------------------------|-----------------------------|-------------|----------------------------|-------------|
|                              | Foster care                 | Group home  | Foster care                | Group home  |
|                              | %                           | %           | %                          | %           |
| Race                         |                             |             |                            |             |
| African American             | 41                          | 48          | 48                         | 47          |
| Hispanic                     | 42                          | 33          | 33                         | 34          |
| White                        | 15                          | 17          | 17                         | 17          |
| Asian                        | 2                           | 2           | 2                          | 2           |
| Sex                          |                             |             |                            |             |
| Female                       | 55                          | 46          | 46                         | 45          |
| Male                         | 45                          | 54          | 54                         | 55          |
| Reason for placement         |                             |             |                            |             |
| Physical abuse               | 22                          | 31          | 33                         | 34          |
| Neglect                      | 50                          | 48          | 41                         | 44          |
| Emotional abuse              | 20                          | 20          | 18                         | 20          |
| Sexual abuse                 | 8                           | 11          | 10                         | 12          |
| Reasons for placement change |                             |             |                            |             |
| AWOL                         | 8                           | 22          | 13                         | 15          |
| Behavioral problem           | 7                           | 18          | 11                         | 12          |
| Dependent variable           |                             |             |                            |             |
| Arrested as minor            | 5                           | 26          | 8                          | 20          |
|                              | Mean (SD)                   | Mean (SD)   | Mean (SD)                  | Mean (SD)   |
| Age at first placement       | 8.9 (5.04)                  | 8.6 (5.14)  | 8.5 (5.26)                 | 8.4 (5.17)  |
| Length of stay in placement  | 39.9 (49.6)                 | 62.1 (55.7) | 51.8 (50.4)                | 53.1 (52.8) |
| Total changes in placement   | 2.6 (2.0)                   | 6.5 (4.8)   | 4.5 (2.68)                 | 5.1 (4.04)  |

max=.9572). Subsequent to matching, the treated group had an  $n=4113$  and a mean propensity score of .3333 (SD=.2061, min=.0995 and max=.9712). The control/non-treated group had an  $n=4113$  and a mean propensity score of .3078 (SD=.1732, min=.0995 and max=.9572). The mean propensity score for the matched treatment group (.33) differed only slightly from the mean propensity score for the nontreatment group (.31). A comparison of the pre and post matched groups is displayed in Table 1.

### 2.1. Delinquency measure

There is no single ideal measure of delinquency. Within the maltreatment–delinquency literature, researchers have utilized a variety of measurement techniques including self-report surveys, official arrest records, entry into secure correctional settings, and even the transition to probation (Jonson-Reid, 2002; Ryan & Testa, 2005; Ryan, 2006; Thornberry & Krohn, 2000; Widom, 1991). There are advantages and disadvantages associated with each approach. In the current study we use official arrest data provided by the Los Angeles County Department of Probation. This measure of delinquency is broad in scope and includes any arrest ranging from minor probation violations to murder. Status offenses and traffic violations are not included in our measure of delinquency.

### 2.2. Estimating group home effects

Prior research identifies the increased risk of delinquency associated with child welfare placements (Ryan & Testa, 2005; Doyle, in press). Yet prior research has yet to pinpoint the exact timing of the delinquent event in relation to specific placements within the child welfare system. That is, are youth offending in placement or subsequent to their release from placement? This is an important distinction as it may not be the placement itself that increases the risk of delinquency but rather the adequacy of aftercare or transitional services. In the current study, we employ several strategies to estimate the association between group home placement and delinquency. First, we develop a Cox Regression model and focus on the size and direction of the coefficient associate with group home placement. This

strategy is consistent with prior research and estimates the risk of subsequent delinquency for any youth with at least one group home placement. Second, we use the arrest dates and placement dates (intake and discharge) to identify the specific placement at the time of the initial arrest. This is important because as noted it is unclear where youth reside within the child welfare system at the time of arrest. Finally, we compare the types of offenses committed by youth in various placement settings.

### 2.3. Analytic techniques

We used cross-tabulation and chi-square to explore the relationship between youth and placement characteristics and delinquency. We use survival analysis (SPSS Cox Regression v.15) to examine the influence of individual variables on survival rates. This analytic technique is similar to logistic regression in that it enables one to calculate the odds of a particular event occurring. However, survival analysis considers the differential impact between groups on the timing of this event (Land, McCall, & Parker, 1994). In the current study, youth enter the observation period (2001–2005) at different points in time. For example, a youth may be 7 years of age in 2001. In general, children younger than 9 years of age are not processed in the juvenile justice system. Thus, the 7 year old is only at risk of delinquency for approximately 3 years (2003–2005). In contrast an adolescent that is 10 years old in 2001 is at risk for the entire observation period. In short, individuals are exposed to the risk of delinquency for varying lengths of time. The average time at risk in the current study is 1384 days (3.7 years). The sample was selected so that all youth are at risk for at least 1 year. Survival models adjust for these variations by censoring observations. Observations are censored if the target event (delinquency) is not observed during the observation period. The resultant coefficients are interpreted similarly to those from logistic regression.

Table 2  
Bivariate results: child and placement characteristics and delinquency: ( $n=8226$ )

|  | No arrest<br>% | Arrest<br>% |
|--|----------------|-------------|
| Race*  |                |             |
| African American                             | 84             | 16          |
| Hispanic                                     | 86             | 14          |
| White  | 91             | 9           |
| Asian  | 91             | 9           |
| Sex*   |                |             |
| Female                                       | 89             | 11          |
| Male   | 84             | 16          |
| Reason for placement*                        |                |             |
| Physical abuse                               | 84             | 16          |
| Neglect                                      | 89             | 11          |
| Emotional                                    | 90             | 10          |
| Sexual abuse                                 | 90             | 10          |
| AWOL reason for instability*                 |                |             |
| Other reason                                 | 88             | 12          |
| AWOL   | 73             | 27          |
| Child behavior reason for instability*       |                |             |
| Other reason                                 | 87             | 13          |
| Child behavior                               | 80             | 20          |
| Type of placement*                           |                |             |
| Foster care                                  | 92             | 8           |
| Group home                                   | 80             | 20          |
|  | Mean           | Mean        |
| Age at first placement*                      | 8.4            | 9.1         |
| Length of time in substitute care placements | 53.0           | 56.9        |
| Total changes in placement*                  | 4.7            | 5.5         |

\* $p < .01$

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### 3. Results

The matched sample is 47% African American, 34% Hispanic, 17% White and 2% Asian. On average, children were 8.5 years old at the time of their first placement. Fifty-four percent of the sample is male. As the sample is matched, 50% are associated with at least one group home placement. On average children stayed in care for 52 months. With regard to delinquency, 1142 (14%) of the 8226 adolescents in placement had at least one arrest subsequent to their first placement episode.

The results from the bivariate analyses are displayed in Table 2. Consistent with prior studies and the overall risk of delinquency in the general population, males in the child welfare system are more likely to engage in delinquency as compared with females in the child welfare system (16% vs. 11%). African Americans had the highest risk of delinquency (16%) as compared with Hispanics (14%), whites (9%) and Asians (9%). There was a difference in risk associated with reason for placement: neglect (11%), physical abuse (16%), sexual abuse (10%), and emotional abuse (10%). The reasons for instability also appear to impact the likelihood of delinquency. Movements associated with AWOLs (27% vs. 12%) and child behavioral problems (20% vs. 13%) are associated with an increased likelihood of delinquency. With regard to group home placements, adolescents with at least one group home placement are at an increased risk of delinquency (20% vs. 8%).

#### 3.1. Survival analysis

The results from the Cox regression are displayed in Table 3. The table includes the coefficient and standard error for each independent variable as well as the hazard ratio. A hazard ratio greater than 1 indicates a higher likelihood of delinquency. A hazard ratio less than 1 indicates a lower likelihood of delinquency. If 1 is subtracted from the hazard ratio and the remainder is multiplied by 100, the resultant is equal to the percentage change in the hazard of arrest. Of the 8226 adolescents, 1142 (14%) were arrested at least one time subsequent to the start of their first placement. The Cox regression model includes child demographics, indicators of maltreatment (reference category is physical abuse), and placement information (type and frequency of placement changes).

We find that the results of the Cox regression are similar to those reported in the bivariate tables. Group home status, placement changes associated with AWOL, race, and gender have the biggest impact on subsequent delinquency. The relative risk of delinquency is approximately two and one half times greater for youth with at least one group home placement ( $\text{Exp}(b)=2.40$ ) and for youth with an AWOL related placement change ( $\text{Exp}(b)=2.60$ ). The risk of delinquency increased by 80% for males ( $\text{Exp}(b)=1.80$ ) as compared with females, by 80% for African Americans, and by 32% for Hispanics as compared with white youth. The race and gender effects are consistent with prior studies of delinquency in the general population as well as within the context of the child welfare system (Ryan & Testa, 2005). Also consistent with prior research, placement instability significantly increases the risk of delinquency. This is in addition to the effects associated with reasons for placement change. Finally, adolescents placed for reasons associated with physical abuse were more likely to experience arrest.

Table 3  
Cox regression: Delinquency for adolescents in child welfare placements ( $n=8226$ )

|                                 | <i>B</i> | S.E. | $\text{Exp}(b)$ |
|---------------------------------|----------|------|-----------------|
| Age at placement                | .05*     | .01  | 1.05            |
| African American                | .59*     | .10  | 1.80            |
| Hispanic                        | .28*     | .10  | 1.32            |
| Asian                           | -.09     | .31  | 0.91            |
| Male                            | .59*     | .06  | 1.80            |
| Physical Abuse                  | .17*     | .08  | 1.18            |
| AWOL related movement           | .96*     | .08  | 2.60            |
| Child behavior related movement | .32*     | .08  | 1.38            |
| Length of stay                  | .01*     | .01  | 1.01            |
| Placement changes               | .01*     | .01  | 1.01            |
| Group home placement            | .88*     | .07  | 2.40            |

\* $p<.01$

Table 4  
Placement location at time of initial arrest ( $n = 1671$ )

| Location at time of initial arrest | <i>n</i> (%) |
|------------------------------------|--------------|
| Group home                         | 675 (40%)    |
| Foster care                        | 900 (54%)    |
| AWOL (run away from placement)     | 66 (4%)      |
| On home trial visit                | 15 (1%)      |
| Shelter                            | 15 (1%)      |
| Total                              | 1671 (100%)  |

The results of the Cox regression models indicate that adolescents with at least one group home placement are more likely to engage in delinquency relative to adolescents with no group home placements. But at what point are these youth arrested? Are these adolescents arrested during their stay in the group home or subsequent to their release? These analyses utilize the initial sample of 20,309 youth (i.e. the original sample prior to matching). Of these 20,309 youth, 2106 adolescents were associated with at least one arrest, and 1671 (79%) of these youth experienced their first arrest in a substitute care placement setting (see Table 4). Of the 1671 adolescents arrested in placement, 675 (40%) occurred while the youth was placed in a group home. As only about 25 of the sample ever experienced a group home placement, the estimate of 40% is concerning. The timing of arrests is an important distinction as it addresses whether there is a lingering group home effect or whether the experiences and impact of the group home are more immediate. An adolescent slowly adopting values and beliefs consistent with a deviant lifestyle and then acting upon those beliefs subsequent to their release from the group home might be indicative of a lingering or sleeper effect. Yet the adolescents in the current study are arrested during their group home placement—perhaps indicating that the effect of these placements is more immediate.

So group home placements appear to increase the risk of delinquency. This is evident by the estimates generated in the Cox regression models and by a more detailed descriptive analysis of the location of each youth at the time of initial arrest. A question remains however with regard to the types of offenses committed by youth in various placement settings. We compare the offense types for adolescents in group homes and foster care settings. We construct and compare five broad categories of offending—categories that are similar to those used by the federal government (Snyder, 2005). These categories include property, violent, threats, drug and weapon related offenses. The property offenses include burglary, larceny-theft, motor vehicle theft and arson. The violent related offenses include murder and nonnegligent manslaughter, forcible rape, robbery, aggravated assault and other assault. Three significant differences emerge. Adolescents in group homes are significantly less likely to be arrested for a weapons related offense (4% vs. 8%). In contrast, adolescents in group homes are significantly more likely to be arrested for a threat related offense (9% vs. 3%) and significantly more likely to be arrested for a violent related offense (29% vs. 18%). It's important to note that the percentage of violence related offenses are greater than the percentages reported within the general delinquency population. In 2003, approximately 2.2 million minors were arrested. Of these arrests, approximately 335,000 (15%) were violence related (Snyder, 2005).

#### 4. Discussion

There is considerable evidence that victims of physical abuse and neglect are at an increased risk of juvenile delinquency. Within the child welfare literature there is evidence that the risk of delinquency is further increased by placement in substitute care settings (Ryan & Testa, 2005; Doyle, in press). Yet to date there exist no studies that specifically investigate whether the risk of delinquency varies between placement settings in the child welfare system. That is, are some placements more problematic with regard to juvenile offending than others? The primary purpose of the current study was to address this gap in the knowledge base and to specifically examine the likelihood of delinquency for adolescents in group home placements as compared with adolescents in foster family home settings.

The findings indicate that group home placements are associated with a significantly higher risk of delinquency as compared with foster home placements. These effects emerge even after controlling for a wide range of variables including age at placement, race, gender, and previous placement instability. Moreover, despite that only 26% of

adolescents ever experience a group home placement, 40% of all arrests in the child welfare system are associated with a group home placement (as opposed to arrests that occur on home visits or subsequent to reunification). Understanding the timing and location of arrests is important for two reasons (1) pinpointing the exact timing of arrest relative to child welfare placements has yet to be investigated in the literature, and (2) the timing of arrest provides critical information for the targeting of specific policies or programs. The evidence presented in the current study clearly identifies group homes as a target for delinquency prevention efforts in the child welfare system. Now the field must consider and investigate *why* adolescents in group home settings are more likely to experience arrests relative to adolescents in foster home settings.

Understanding the *why* is critical so that interventions can be developed to prevent the emergence of offending attitudes, beliefs, and behaviors. There seems to be at least two promising areas focused specifically on group homes and the factors that help explain delinquency; peer contagion and group home policies on contacting law enforcement. Peer contagion focuses on the individual youth and the congregation of similarly high risk youth in a single group home facility. Group home policies focus not on the individual, but rather on the procedures (e.g. who contacts law enforcement) and thresholds (e.g. when to contact law enforcement) that exist in various types of child welfare placements.

Peer contagion is a form of peer influence that may emerge as deviant and delinquent youth are brought together for treatment purposes (Dishion, McCord, & Poulin, 1999). Deviant peer contagion involves a feedback loop in which deviant adolescents influence one another to become more delinquent than they otherwise would have been in the absence of the program (Osgood & Briddle, 2006). Group homes are a likely source of peer contagion as high risk youth are screened through less restrictive settings and eventually funneled into congregate care placements. It is important to note that the effects of group home placements may vary by individual – that is – an interaction may exist between group home placements and the characteristics of the individual adolescent. The negative effects produced while living in congregate care is likely to be a function of the developmental status of the child, the interactions of the other youth who live there, and the context in which the intervention is provided. Youth may be differentially affected by peer contagion effects depending on the child's age, gender, kinds of behaviors (history of peer rejection can lead to vulnerabilities of deviant peer influences), temperament, maturity, and significant relationships with other adults. Children who are firmly grounded in their identity may be more likely to resist peer temptation (Dodge, Dishion & Landsford, 2006; Dishion, Nelson, Winter, & Bullock, 2004).

Investigating peer effects in group home placements would greatly advance the knowledge base for this particular type of intervention. Yet, such investigations are complex, costly and time consuming. Perhaps such obstacles explain the relatively few studies of peer effects in the child welfare or juvenile justice literatures (Osgood & Briddle, 2006). One fundamental issues in the study of peer groups is the uncertainty surrounding the mechanisms that foster and support deviant peer associations (Cairns, Leung & Cairns, 1995; Espelage, Holt, & Henkel, 2003). Is the process based entirely on self selection? That is, are youth actively seeking peers who share similar beliefs and attitudes with regard to aggression, delinquency and crime (selection association) or is the peer group developing similar attitudes over time as a result of frequent contact and limited supervision (reciprocal association)? Practitioners and policy makers interested in the development of effective interventions designed to decrease delinquency via the peer group must first disentangle the mechanisms by which peer contagion operates.

A second promising area of research related to group home placement and delinquency focuses on the organizational factors that may contribute to the likelihood of arrest. Such factors include specific policies and procedures on when to contact law enforcement. It is possible the thresholds that trigger communication with law enforcement vary between placement settings. For example, grandparents (kinship care providers) may tolerate a range of behaviors deemed unacceptable in group home settings. In the current study adolescents coming into the juvenile justice system from group home placements were more likely to be associated with a threat related offense. Why does this difference exist? Are verbal threats more likely to occur in group settings or does the response to a threat vary between group home staff and foster parents? Investigating the thresholds that exists within placement settings would help clarify the mechanisms responsible for increasing the risk of arrest at the organizational level. Although this area of research would be novel to the study of maltreatment and delinquency, there exists a long history in sociology and criminology focused specifically on understanding police encounters with juveniles (Piliavin & Briar, 1964; Black & Reiss, 1970). Historically, this work was limited to individual level factors. Yet in recent years, scholars have focused more attention to the characteristics of settings in explaining delinquency and crime. For example, in a recent study of school climate Crooks et al. (2007) report that students attending schools perceived as safe are significantly less likely



to engage in delinquency. Future efforts focused specifically on the characteristics of settings and the etiology of delinquency in the child welfare system will greatly advance the knowledge base and help inform the development of effective prevention programs. A foundation already exists for such efforts—most notably the research on community context, delinquency, and crime.

The overall framework and conceptual models proposed by Robert Sampson and colleagues (Sampson & Bean, in press; Sampson, Morenoff, & Raudenbush, 2005; Sampson & Wilson, 1995) could guide the study of both peer contagion and threshold effects in child welfare. In part, this body of work attempts to explain racial disparities in violence. The authors argue that segregation patterns at the community level expose some individuals to key violence inducing or violence protecting conditions (Sampson & Wilson, 1995). The general thesis, entitled racial invariance, argues that many of the factors responsible for delinquency and crime are similar across racial groups, but that the exposure to such factors varies. Although the study of maltreatment and delinquency is not limited to violent offending, the segregation and placement patterns of children is not a random process, and the consequences of such placement patterns may unintentionally expose certain adolescents to factors known to increase delinquency while simultaneously limiting their exposure to factors known to protect youth from delinquency. Applying the models used to study racial invariance will advance to understanding of placement and delinquency within the context of the child welfare system. Additionally, the application of Sampson and Wilson's (1995) work might also help the field understand how the child welfare system contributes to the long standing problem of overrepresentation in the juvenile justice system.

The overrepresentation of African American youth in the child welfare and juvenile justice systems is well documented through the literature (Courtney & Skyles, 2003; Leiber & Fox, 2005; Rawal, Romansky, Jenuwine & Lyons, 2004; Bishop & Frazier, 1986; Needell, Brookhart, & Lee, 2003). Moreover, the child welfare system is known to be a significant source for the overrepresentation of African American youth in the juvenile justice system. For example, a recent study from Los Angeles County indicates that although the child welfare system is responsible for 7% of all new juvenile arrests in a given year, the child welfare system accounts for 14% of African American entering the juvenile justice system (Ryan, Herz, Hernandez, & Marshall, 2007). In the current study, the risk of arrest was 64% greater for African American youth in placement. Despite the long standing recognition that overrepresentation is a critical issue, there is virtually no work on the mechanisms that connect the child welfare system to overrepresentation in the juvenile justice system. The application of models used to study racial disparities in offending at the community level (Sampson & Wilson, 1995) might also be used to study racial disparities in offending within the child welfare system.

#### 4.1. Limitations

The current study makes a significant contribution to the child welfare and juvenile delinquency literature. Yet this study is not without limitation. Although we use sophisticated statistical technique to help minimize the problem of section bias and control for important difference between youth placed in group homes and foster family homes, our analyses are limited to the data fields commonly available in administrative records. Improvements could be made with additional information on youth characteristics and the reasons for group home or foster family placement. Our analyses were also limited to official arrests. It is possible that unknown or unreported juvenile offending is more common in foster family placements—as supervision might be less frequent. Future studies of maltreatment and delinquency might consider multiple measures of offending.

#### 4.2. Conclusion

Practitioners and scholars have debated the role and effectiveness of group home placements in child welfare for decades. In fact, Barth (2002) notes that concerns for the institutional care of children are as old as the institutions. The purpose of the current study was to help inform this debate. Specifically we sought to understand the association between group home placement and involvement with the juvenile justice system. The evidence clearly indicates that group homes significantly increase the risk of arrest. This finding raises serious questions about the use of group care for victims of physical abuse and neglect. We encourage child welfare systems to further investigate the pathways and decisions that lead one to utilize group homes, and the mechanisms that are associated with juvenile delinquency.



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## **Task Force To Study Group Home Education And Placement Practices**

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### **September 22, 2008 Meeting**

- Agenda
- Draft Bill of Rights
- Meeting Notes
- Report Card

Group Home Task Force Meeting  
Monday, September 22, 2008  
**AGENDA**

- 1. Welcome and Introductions: Sec. Donald**
- 2. Approval of August 22, 2008 meeting minutes**
- 3. Report on progress on SB 782/Statement of Need: Shelley Tinney**
- 4. Report on progress on SB742/Bill of Rights: Sec. DeVore**
- 5. Report on progress of report card workgroup: Sheryl Brissett-Chapman**
- 6. Tracking Community Disruption: Del. Lafferty, Carmen Brown**
- 7. Briefing to the Health and Government Operations Committee**

**Adjournment**

Group Home Task Force Meeting  
Monday, September 22, 2008  
AGENDA

**1. Welcome and Introductions: Sec. Donald**

**2. Approval of August 22, 2008 meeting minutes**  
Deferred until next meeting

**3. Report on progress on SB 782/Statement of Need: Shelley Tinney**

Ms. Tinney reported the regulations have been drafted and approved by the Children's Cabinet Results Team. If approved by the Children's Cabinet on 9/25, the regulations will be submitted to AELR. While the regulations go through the AELR process, the Resource Development and Licensing Committee will work on formulating the processes for determining need, issuing a statement of need, how providers will respond and the criteria for selection.

**4. Report on progress on SB742/Bill of Rights: Sec. DeVore**

Sec. DeVore distributed draft Bill of Rights, and stated that the workgroup would continue to meet as there are several unresolved issues especially sexual identity/expression issues. They will also develop a companion document in "kid-friendly" language. The workgroup is still soliciting feedback from youth. **Sec. Donald** would like to share it with her youth advisory board and asked if the state youth advisory council would be involved with this? **Greg Shupe** responded that they are working on a bill of rights for all youth not just those in care. **Sec. Donald** envisions an event with the Governor where this would be posted in a group home. **Sec. DeVore** said that could possibly be the December Capital for a Day.

**5. Report on progress of report card workgroup: Sheryl Brissett-Chapman**

Dr. Chapman distributed draft that her workgroup created. It is based on a Tennessee model. The workgroup has not yet prioritized items or vetted product with DSS directors. It is four tier model, compliance to highest level of quality. Three areas to qualify: child and family development, program assessment domains (how is programming resourced), organizational management/compliance history that uses items that providers for which are already held accountable. Some are practical considerations and others are optimal practice. There remain some unresolved issues about alcohol and drug abuse. CANS data on these issues doesn't always translate easily. There are also questions about how to measure the quality of staff. Other pertinent questions to be answered include: What info is captured and what is it linked to? What does a placement agency need to know beyond compliance? What does having a license and a report card mean? Who holds the placement agencies accountable for participating in treatment planning? The workgroup will need to discuss baselines and first year data. MASSD will review and provide feedback. **DeVore:** Where will community disruption be handled? Could be added to

organizational management/compliance. **Sec. Donald** AWOLS need to be included. Need to look at how we define this. Need to look at how we define a number of these items. **Shelley Tinney:** CSOMS will capture AWOLS if the youth is gone overnight. Incidents will be built in next year. But need to standardize incident reporting. **Barb DiPietro:** concern that DHMH doesn't collect this data. **Carmen Brown:** A lot comes from CSOMS. Need identify source of all info. **Sheryl Brissett-Chapman:** A provider could get different scores in different areas. **Bill Dorrill:** Many of these issues would not be picked up by monitoring. **Sec. Donald:** make sure that everything that you monitor for is there and we will ensure that data from CSOMS is available. **Sheryl Brissett-Chapman:** This would not be a live evaluation, it would be an evaluation of the previous year and there would need to be an appeal process. So we would have to have year's worth of CSOMS data. **Sec. Donald:** Not all information relies on CSOMS, committee needs to drill down on source of data items, what is available now and what needs to wait and what is the roll out timeline for next report. **Sec. DeVore** stated that providers could also benefit could a peer review process. **Sheryl Brissett-Chapman:** After LDSS review then it will go to providers. **Barb DiPietro:** Will there be any review by advocates or legal? **Sheryl Brissett-Chapman:** We can bring in as many interested parties as necessary but the bottom line is report cards are arbitrary and reflect the values of a certain group and the agencies have the final say.

**6. Tracking Community Disruption:** Carmen Brown and Pete Keefer  
Deferred until next meeting

#### **7. Briefing to the Health and Government Operations Committee**

**Shelley Tinney** informed the committee about the HCO briefing to be held on Oct 15 to present updates on five pieces of legislation on group homes over the last two years. **Greg Shupe** said the Children's Cabinet needs to decide who will present what. **Sec Donald** will probably present for Task Force, but would like Sen Zirkin to be contacted to see if he would like to present since he is the chair., GOC will provide bulleted list of items for each piece of legislation. Each agency will need to weigh in regarding compliance.

#### **Adjournment**

**Next meeting 10/27/08 3pm at DHR, room 1044.**



# STATE OF MARYLAND REPORT CARD FOR GROUP HOMES (DRAFT #2)

sh an evaluation system for program performance, including measures of safety, quality, and effectiveness.

**ationale:** To help funders and stakeholders, including consumers, evaluate and compare group home compliance with COMAR regulations, and prevailing standards of care. These data are provided licensing agents (DJS, DHR, DHMH) who rely on monitoring reports and survey data, as well as, results from the Child and Adolescents Needs and Strengths (CANS) and the Child at Services Intensity instruments.

ization Name: \_\_\_\_\_

Date: \_\_\_\_\_

'Accredited By: \_\_\_\_\_

Evaluator: \_\_\_\_\_

| CHILD AND FAMILY DEVELOPMENT DOMAIN   | PROGRAM ASSESSMENT DOMAIN   | ORGANIZATIONAL MANAGEN<br>COMPLIANCE HISTORY DOM  |
|---|---|---|
| ☆☆THREE STAR RATING☆☆ (Highest Quality Standards)   |   |   |
| <p><i>During the previous year, the agency:</i></p> <p>initiated/ indicated reports<br/>medical injuries<br/>deaths</p> <p>0% of children experienced an unplanned discharge (72 hours)</p> <p>0% of children were discharged without achieving the placement goal</p> <p>0% of children in the same placement category who experienced 3 or more placements due to:</p> <p>-related change of placement (withdrawn from placement by court order)</p> <p>ad change of placement (eject/reject discharge)</p> <p>ility-related change of placement (withdrawn by family)</p> <p>or-related change of placement (placement did not meet child's needs)</p> <p>f prescribed services based on a treatment plan in a timely, quality manner</p> <p>% of youth had at least one connection to a family member, as evidenced by a phone number</p> <p>re than 50% of the youth did well or had adequate relationships with available family members (0.1 on CANS)</p> <p>gled to enroll, within 5 working days of placement in out-of-home care, 100% of all school-aged children</p> <p>% of youth, with no change in residence during the school year, experienced 2 or less school disruptions during the</p> <p>se in the number of incident reports for youth assaultive behaviors per 100 days</p> | <p><i>During the previous licensing year, the agency:</i></p> <p>Exceeded standards for client records</p> <p>Exceeded standards for physical plant and compliance with federal, state, and local codes</p> <p>Exceeded standards for formal process for program planning and evaluation</p> <p>Exceeded standards for program quality improvement</p> <p>Exceeded standards for individual service plans</p> | <p><i>During the previous licensing year, the agency:</i></p> <p>Was not placed on probation</p> <p>Had no part of its license temporarily suspended</p> <p>Received no major civil penalties</p> <p>Was in substantial compliance with licensing regi contractual obligations</p> <p>Had no more than (#) formal complaints.</p> <p>Provided neighbors, funders, and clients direct ac voice complaints or concerns.</p> <p>Had 100% of personnel records complete with rec and certifications</p> |

| CHILD AND FAMILY DEVELOPMENT DOMAIN   | PROGRAM ASSESSMENT DOMAIN   | ORGANIZATIONAL MANAGEMENT<br>COMPLIANCE HISTORY DOMAIN   |
|---|---|--|
| <b>☆☆TWO STAR RATING☆☆ (Better Quality Standards)</b>   |   |  |
| <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li>Initiated/ indicated reports that were resolved with corrective action</li> <li>Had 2 avoidable medical injuries</li> <li>Had 0 deaths</li> <li>15% of children experienced an unplanned discharge (72 hours)</li> <li>15% of children were discharged without achieving the placement goal</li> <li>15% of children in the same placement category who experienced 3 or more placements due to:</li> <li>Family-related change of placement (withdrawn from placement by court order)</li> <li>Unrelated change of placement (eject/reject discharge)</li> <li>Family-related change of placement (withdrawn by family)</li> <li>Unrelated change of placement (placement did not meet child's needs)</li> <li>Of prescribed services based on a treatment plan in a timely, quality manner</li> <li>80% of youth had at least one connection to a family member, as evidenced by a phone number</li> <li>Over 50% of the youth did well or had adequate relationships or moderate problems with available family members (0, 1, 2)</li> <li>Attempted to enroll, within 5 working days of placement in out-of-home care, 90% of all school-aged children</li> <li>80% of youth, with no change in residence during the school year, experienced 2 or more school disruptions during the</li> <li>case in the number of incident reports for youth assaultive behaviors per 100 days</li> </ul> | <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li>Fully met standards for client records</li> <li>Fully met standards for physical plant and compliance with federal, state, and local codes</li> <li>Fully met standards for formal process for program planning and evaluation</li> <li>Fully met standards for program quality improvement</li> <li>Fully met standards for individual service plans</li> </ul> | <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li>Was not placed on probation</li> <li>Had no part of its license temporarily suspended ( )</li> <li>Received no major civil penalties</li> <li>Was in partial compliance with licensing regulatory obligations, and operated under corrective action</li> <li>Had no more than (4) formal complaints</li> <li>Provided neighbors, funders, and clients direct access to the administrator to voice complaints or concerns</li> <li>Had 90% of personnel records complete with required certifications</li> </ul> |

| CHILD AND FAMILY DEVELOPMENT DOMAIN   | PROGRAM ASSESSMENT DOMAIN   | ORGANIZATIONAL MANAGEMENT COMPLIANCE HISTORY DOMAIN   |
|---|---|---|
| ★ONE STAR RATING★ (Good Quality Standards)  |   |   |
| <p><i>During the previous licensing year, the agency:</i></p> <p>Initiated/ indicated reports which warranted penalties or civil action avoidable medical injuries deaths</p> <p>70% of children experienced an unplanned discharge (72 hours)</p> <p>70% of children were discharged without achieving the placement goal</p> <p>70% of children in the same placement category who experienced 3 or more placements due to: related change of placement (withdrawn from placement by court order)</p> <p>100% change of placement (eject/reject discharge)</p> <p>100% related change of placement (withdrawn by family)</p> <p>100% or-related change of placement (placement did not meet child's needs)</p> <p>100% prescribed services based on a treatment plan in a timely, quality manner</p> <p>100% of youth had at least one connection to a family member, as evidenced by a phone number</p> <p>100% of youth had at least one connection to a family member, as evidenced by a phone number</p> <p>100% of youth have moderate/severe problems with available family members (2.3 on CANS)</p> <p>100% of youth, within 5 working days of placement in out-of-home care, 80% of all school-aged children</p> <p>100% of youth, with no change in residence during the school year, experienced 2 or more school disruptions during the</p> <p>100% in the number of incident reports for youth assaultive behaviors per 100 days</p> | <p><i>During the previous licensing year, the agency:</i></p> <p>Had minor deficiencies in client records</p> <p>Had minor deficiencies in physical plant and compliance with federal, state, and local codes</p> <p>Had minor deficiencies in its process for program planning and evaluation</p> <p>Had minor deficiencies in program quality improvement</p> <p>Had minor deficiencies in individual service plans</p> | <p><i>During the previous licensing year, the agency:</i></p> <p>Was placed on probation</p> <p>Had part of its license temporarily suspended (e.g. Received a major civil penalty</p> <p>Was non-compliant with licensing regulations and obligations, resulting in sanction, but corrected within year</p> <p>Had 1 or more formal complaints</p> <p>Provided neighbors, funders, and clients direct access to voice complaints or concerns</p> <p>Had 80% of personnel records complete with required and certifications</p> |
| COMPLIES WITH LICENSING REGULATIONS   |   |   |
| <p><i>During the previous licensing year, the agency:</i></p> <p>100% with open intake for new referrals</p> <p>100% approved/ monitored by the contracting agency for compliance with COMAR regulations</p> <p>100% requirement which allowed family members access to youth in care</p> <p>100% requirement for school-aged children to attend school</p> <p>100% are requirements to provide life skills education</p> <p>100% are requirements to provide access to substance abuse education and treatment</p> <p>100% personnel requirement for childcare administration certification and crisis management</p> <p>100% community resources to provide community-based support, as well as transitional and aftercare services to youth in care</p>  | <p><i>During the previous licensing year, the agency:</i></p> <p>Met minimal licensing standards</p>  | <p><i>During the previous licensing year, the agency:</i></p> <p>Had an active license</p>  |

## **Task Force to Study Group Home Education And Placement Practices**

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### **October 27, 2008 Meeting**

- **Agenda**
- **Meeting Notes**
- **Bill of Rights**
- **Group Home Task Force Report Card Work Group**

Group Home Task Force Meeting  
Monday, October 27, 2008  
AGENDA

1. Welcome and Introductions: Sec. Donald
2. Approval of August 22 and September 22, 2008 meeting minutes
3. Report on progress on SB 782/Statement of Need: Shelley Tinney
4. Report on progress on SB742/Bill of Rights: Sec. DeVore
5. Report on progress of report card workgroup: Sheryl Brissett-Chapman
6. Tracking Community Disruption: Carmen Brown
7. Discussion about Final Report

**Adjournment**



Group Home Task Force Meeting  
Monday, October 27, 2008  
AGENDA

**1. Welcome and Introductions:** Sec. Donald

**2. Approval of August 22 and September 22, 2008 meeting minutes**  
Both approved

**3. Report on progress on SB 782/Statement of Need:** Shelley Tinney  
**Ms. Tinney** reported that the Statement of Need regulations have not been submitted to AELR yet because the AAGs were reviewing them. They have determined that Child Placement Agencies can't be covered in the regulations since they were not included in the statute. **Ms. Tinney** also reported that the RDLC has not completed its work on the methodology for developing a statement of need. **Sec. Donald** said the Secretaries and the task force need to see final version of the regulations and she wants a proposal on the methodology sent to the Task Force prior to the next meeting.

**4. Report on progress on SB742/Bill of Rights:**

**Karyn Lynch** distributed the final draft of the bill of rights and requirements for handbooks. The legislation required Group Homes to have handbooks by 10/1/08 but licensing has not told providers when they will begin monitoring for it. **Jim McComb** recommends 120 days to give time for boards to approve policies DHR wants poster size given to all Group Homes. **Jessica Rae** reported that youth who were involved in this project want to do a video about the bill of rights that Group Homes could show to residents. She will give a proposal to Sec. Donald

**5. Report on progress of report card workgroup:** Sheryl Brissett-Chapman  
Notes of the 10/22 workgroup meeting and draft #4 of the report card document were distributed. They incorporated feedback from Task Force, workgroup and the HGO briefing. The workgroup also wants input from caseworkers and access to CSOMS data by licensing. The first year would be baseline data; the second year would be measures. Family involvement is being measured by CSOMS. The report card includes 7 of 11 elements from the GAO report and 5 of the top 6 of the GAO elements. The next step is to take the document to the provider community for feedback. **Sec. Donald** would like items that need substantially more discussion to be highlighted so that we don't hold up a tool that measures compliance. **Dr. Chapman** said there also needs to be an appeal process developed. **Sec Donald** wants to know what of these elements are required elsewhere. **Karyn Lynch** talked about things she considers as high quality most; of them are regulatory kinds of things. **Carmen Brown** stated they would be covered under the program participation assessment section. **Dr. Chapman** reviewed literature for the child and family development domain and asked the



departments for measures for the organizational management and compliance history domain,

**Dr. Chapman** reported that there was a lot of discussion in the workgroup about what state agencies and homes the report card would apply to, whether it needs to be legislated and what is the time frame for implementation. **Sec. Donald** has spoken to Secretaries DeVore and Colmers about this issue. DJS and DHR want report cards for every home where they place youth. **Wendy Kronmiller** reported that DHMH will be happy to participate to the degree they get information, but they do not collect all of the data listed on the report card. She indicated that their process involves looking at a sample of cases in a home and they only look at whether the home is in compliance with COMAR or not. Their reports have categories and levels of deficiencies, and they could only check off those things they do. DHMH wants to opt out DD providers. **Sec. Donald** indicated that some items on the report card would be done at the case manager level. **Sec. Donald** stated that we need to have a draft to the Governor by the end of the year and begin implementation next summer. **Robin Elliot** reported that DD providers are concerned the quality measures don't necessarily work for the youth they serve and there is concern that some may stop serving children if they have to meet these requirements. **Sec. Donald** says she realizes that one size may not fit all but there are certain standards that all homes need to meet. **Dr. Chapman** concluded the discussion by saying that youth who are DD are the most vulnerable and she is concerned that we would consider allowing them to opt out. She thought we were trying to create a shared vision and a universal tool.

## **Adjournment**



## *A bill of Rights for Maryland's Children and Youth in Children's Residential Facilities*

|   |   |
|---|---|
| <b>The RIGHT to<br/>be Respected<br/>and Treated<br/>Fairly</b>                 | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To be treated with fairness, dignity and respect; and</li> <li>• Not to be discriminated against because of disability, race, color, religion, national origin, sex, age, whether they or their parents are married, personal appearance, sexual orientation, gender identity or expression or if they are pregnant or have a child.</li> </ul>                            |
| <b>The RIGHT to<br/>Guidance Care<br/>and<br/>Supervision</b>                   | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To receive appropriate and reasonable adult guidance, support, and supervision, consistent with the child's or youth's age, level of development, maturity and ability to be responsible; and</li> <li>• To ask questions and receive explanations about the guidance, support and supervision they receive.</li> </ul>  |
| <b>The RIGHT to<br/>Education</b>   | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To an appropriate education, including educational supports, help with homework, afterschool activities, summer enrichment opportunities, and employment skills training; and</li> <li>• To receive their education in the least restrictive setting based on their individual best interest.</li> </ul>   |
| <b>The RIGHT to<br/>Be Protected</b>  | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• Not to be verbally abused, mistreated, threatened, or harassed; and</li> <li>• Not to be hit, slapped, or otherwise physically abused or subjected to physical punishment or to other unusual or extreme methods of discipline.</li> </ul>   |
| <b>The RIGHT to<br/>Be Heard</b>  | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To have their opinions heard and to be included, as much as possible and consistent with the child or youth's age and level of development, when decisions which affect them are made, including decisions about long term goals, placement, and educational settings; and</li> <li>• Not to be punished or disciplined for exercising their right to be heard.</li> </ul> |
| <b>The RIGHT to<br/>Communicate<br/>in Their Native<br/>Language</b>            | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To receive services in a language they understand and to receive translation and interpretation services when needed; and</li> <li>• To speak in their mother tongue or home language.</li> </ul>  |
| <b>The RIGHT to<br/>Visit and<br/>Correspond<br/>with Family<br/>and Others</b> | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To reasonable visits, mail, and telephone communication with relatives, friends, attorneys, social workers, therapists, CASA's and guardians ad litem; and</li> <li>• Not to have limitations imposed on Court ordered visitation.</li> </ul>  |
| <b>The RIGHT to<br/>Health Care</b>   | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To timely, appropriate and regular medical, dental, vision and mental health care including the right to receive appropriate medication.</li> </ul>  |
| <b>The RIGHT to<br/>Receive<br/>Information</b>                                 | <p>All children and youth have the right:</p> <ul style="list-style-type: none"> <li>• To have their relatives (and any other person who has been approved by the placement agency) communicate with the program, ask questions and receive answers promptly.</li> </ul>  |
| <b>If Your<br/>RIGHTS Are<br/>Not<br/>Respected</b>                             | <p>If you believe that your rights or your child's rights are being violated, you can tell the caseworker, therapist, CASA, attorney, and/or any Juvenile Court Judge or Master involved with the child's case.</p>   |



## Bill of Rights for Maryland's Children and Youth in Children's Residential Facilities Requirements and Instructions for Residential Child Care Providers

Effective October 1, 2008, in compliance with Article – Human Services Section 8–707, Annotated Code of Maryland, (Senate Bill 742, 2008), Residential Children's Facilities licensed under COMAR 14.31.06 (licensed providers) are required to conspicuously post a "Residents' Bill of Rights" including all of the rights enumerated in the attached "Bill of Rights for Maryland's Children and Youth in Children's Residential Facilities." Compliance with the law requires licensed providers to develop, and upon the placement of children, provide them and their parents or legal guardians with a handbook of the policies of the residential child care program. Licensed providers must also provide the Handbook to their licensing agency and any public agency with which they contract. Further, providers must document in each child's case file, receipt and review of the handbook by the child and the child's parent or guardian. The Handbook must be reviewed and approved by the licensed providers governing board annually.

The Handbook cannot be used as a vehicle for limiting the rights of children and youth as enumerated in the Bill of Rights. It should however, provide information which may be needed to clarify the licensed providers policies and practices regarding those rights. For example, any limitations on visitation that may be imposed the public placement agency or the Juvenile Court. Providers are encouraged to include children who are served by their programs and those children's parents in the development of the required Handbook. In addition to ensuring that every child and her/his parent or guardian receives the Handbook, they must also ensure that the child and parent or guardian have adequate opportunities to ask questions and receive answers about policies and practices included in the Handbook.

The Handbook must address:

- The mission of the program;
- Placement and discharge policies and practices;
- Treatment strategies and therapies;
- Family involvement;
- Access to medical and dental care;
- Education, including how educational placements are determined and both opportunities and limitations on participation in extracurricular activities;
- Life skills training;
- Extracurricular activities;
- Recreation;
- Community integration;
- Religious exercise access including the extent to which children are able to attend a place of worship of their choice or to refuse to attend;
- Daily routines;
- Food and nutrition;
- Clothing and personal belongings, including how belongings are protected and accounted for;
- Personal funds;

- Visiting hours;
- communication procedures with residents;
- Emergency telephone contact information, including procedures for contacting family members and the residential programs administration and staff;
- Access to the child's caseworker, attorney and Court Appointed Special Advocate (CASA);
- disciplinary practices;
- Behavior management practices including the use of physical interventions;
- grievance procedures, including options available to a child or youth when they believe that the grievance procedure has not been followed;
- Day-care;
- Transportation; and
- Employment, including how a youth's earnings will be handled.



**Group Home Task Force Report Card Work Group**  
**Wednesday, October 22, 2008**  
**Notes**

**ATTENDEES**

Agnes Leshner, Montgomery County Health and Human Services  
Carmen Brown, DHR, Office of Licensing and Monitoring  
Sheryl Brissett-Chapman, National Center for Children and Families (NCCF)  
William Dorrill, DHMH, Office of Health Care Quality  
Ezra Buchdahl, Catholic Charities  
Kevin Drumheller, Mosaic Community Services, Inc.  
Robyn Elliott, MACS, Developmental Disabilities Providers Association

**ABSENT**

Barbara DiPietro, Department of Health and Mental Hygiene (DHMH)  
Frank Kros, The Children's Guild  
Mark Luckner, Governor's Office  
Senator Anthony Muse  
Jack Altfather, DHR  
Mark Grover, Maryland Sheriffs' Youth Ranch (MSYR)  
Laura Howell, MACS, Developmental Disabilities Providers Association

**Guests:**

Jim McComb, Maryland Association of Resources for Families and Youth (MARFY)  
Lori Doyle, Community Behavioral Health Association of Maryland (CBH)  
Gina Kleinota, DHR Intern

**1. Review of Purpose of Group Homes Report Card**

This agenda item was incorporated into the #2 item on the agenda.

**2. Discussion of Responses to Report Card for Group Homes Draft #2**

The participants discussed the comments and responses generated from the Report Card for Group Homes Draft #2 to ensure clarification and receive approval. Some items were straightforward and quickly consented to: negligent deaths, multiple placements, change in residence, behavior related change of placements. Other items required discussion and generated the following notes:

**Restraints:** It was agreed that use of restraint is a self-monitoring process. Restraints on the report card may lead to a decrease in reporting by providers.

**Access to Data:** Carmen Brown will inquire about the monitor's access to CSOMS data and integrating the system with existing data. Bill Dorrill stated that the OHCQ licensure process

was not compatible with the data to be collected by the report card. He acknowledged the need for the issue of OHCQ participation in the report card to be addressed by the Secretary.

**Input:** The Council on Accreditation (COA) and MARFY both require consumer input. **Sheryl Brissett Chapman** stated that family involvement is a recent concept in the child welfare and juvenile justice systems; as such, it may become controversial re: measurement. **Carmen Brown** asked "How can family involvement be captured?" She suggested having a way to expand the report card in the future. What information are they really looking for and how will it be captured across the board? The report card has room to grow and this is an item for future consideration.

**Access to Family:** What is the bottom line? The discussion focused on structure vs. affection, and involvement vs. engagement. **Jim McComb** stated that there should be an identified measurable standard for involvement. A measure might be that the provider agency canvasses all of its parents for satisfaction of services. The result is not that they are all satisfied, but that they are all engaged. **Agnes Leshner** clarified that the caseworkers want to have the opportunity to give input and feedback. **Carmen Brown** inquired about a component of the report card that allows for departmental feedback. It was agreed that feedback would fall under the *Program Assessment Domain*. This item will be added to Report Card Draft #4 – "Referring agency has input and provides feedback into treatment planning process."

**\*\*\*Unrelated Issue Interjection:** **Kevin Drumheller** and **Robyn Elliott** shared similar concerns about the notion of a report card without any attempt to determine the level of need that the youth presents in the program. **Lori Doyle** shared concerns that the draft report card has no consideration for case severity, so all providers are being compared on the same measures, regardless of the severity of the youth served. Another related concern is that this process is moving along too quickly, and without benefit of experts who help design measures like report cards. The nursing home report card has been in process for over two years, and includes input from experts in the field of measurement and statistics. While she appreciates the desire to move forward with something, this is simply too important a process to rush. **Robyn Elliott** and **Lori Doyle** questioned the accuracy of the planned report card if there is no way to distinguish between levels of severity. **Sheryl Brissett Chapman** responded that the report card (1) addresses issues that provider agencies are regulated around, and for which there are objective, routinized collection of data, (2) the GAO Report's quality elements, and (3) pointed out that measures and results are different. **Carmen Brown** confirmed that family relationships currently are measured by CSOMS.

**Client Records:** **Carmen Brown** recommended that more conversation is required.

**Assaultive Behavior:** Deleted from draft. This item is not a group home report card issue.

**Rating System:** **Agnes Leshner** stated that child welfare directors would like some ideas as to what agencies are doing for self-esteem building.

It was noted at this point that DJS had no participants on the Work Group.

**\*\*\*Unrelated Issue Interjection:** Someone asked if the Secretaries anticipate that the monitors would be the evaluators of the report card. The group was asked if the question should be put to the Secretaries. **Carmen Brown** stated that DHR will use the report card, and DJS is on board. **Carmen Brown** will discuss with Secretary Donald her perception and what she believes the Governor's perception is on the report card, because it is on the Governor's deliverable list. **Carmen Brown** stated that DHR's attempt is not to develop a report card for other agencies. This might end up being used only by DHR and DJS. **Sheryl Brissett Chapman** recommended that "Timing of the Report Card Assessment" be put on the agenda for the next Task Force meeting.

**Carmen Brown** asked how the group would begin to measure self-esteem building. She recommended that "self-esteem building" be incorporated into the report card later.

**Definitions of Standards:** DHR Office of Licensing and Monitoring will define standards, and measures for the *Program Assessment Domain*.

**Additional Changes to the Report Card for Group Homes Draft #2:** The participants agreed to table the item below for later consideration; item to be deleted from Draft #4:

*"Developed transition and aftercare plans for 90% of residents (percentage change based on rating, e.g. 80% two-star rating; 70% one-star rating)"*

The participants agreed to delete the following item from Draft #4 because DHR receives a high volume of nuisance complaints from the community, and the real issue is how do provider agencies respond to complaints from the community. The draft report card addresses response to complaints.

"Had no more than (# ) formal complaints to licensing agency and/or legislators"

### 3. Review of Report Card for Group Homes Draft #3

Discussion covered under Agenda Item #2

### 4. Clarification of Miscellaneous Items:

- a. Drug/alcohol/substance abuse: Is an important item that may be difficult to measure. This item is hard to get a handle on.
- b. Human resources qualifications and staffing ratio: **Ezra Buchdahl** stated that qualifications and standards of staffing should be reflected somewhere on the report card as a quality measure. **Robyn Elliott** stated that certification might not be applicable to DDA providers. She further stated that MACS is not in favor of the report card. **Ezra Buchdahl** stated that the smaller the ratio it would improve quality. **Sheryl Brissett Chapman** asked if there is too much variation to be measured across agencies. Documentation of certification and training are covered under *Organizational Management/ Compliance History Domain*. **Carmen Brown** commented that providers could ask for lower staffing ratios (more costly) to get a higher grading on the report card; staffing ratios are not necessarily a quality measure. **Sheryl Brissett Chapman**

gave an illustration that if a group home has all baccalaureate-trained staff, the group home would have exceeded the measure. She also stated that the report card should not reflect any nuances, with gray areas. It was agreed that this item be tabled for later.

- c. Unsubstantiated/indicated reports on home visits: This information is already being captured in CSOMS. CPS reports on home visits and reports on incidents that happened in the community should not be on the report card. This item can be discussed in the future.
- d. Formal complaints: This item was discussed under Agenda Item #2.
- e. What are baseline data for items in Child and Family Development Domain?: This question refers to the following item: "☐ Demonstrated more than 50% of the youth did well or had adequate relationships with available family members"

What is the baseline for 50%? Maybe baseline can be developed in the future. Baseline data can be gathered and this item added to the report card later.

- f. What does it mean to meet tier requirements?: The next Work Group meeting will discuss measuring.
- g. What are implications for licensing?: What would be the initial reaction from agencies that do not meet the minimal standards? If a provider agency cannot meet minimal requirement why would the departments contract with them? Why would they be licensed?
- h. Does the Group Home Report Card Need to be Legislated?: What is the validity of this process? Legislation had been drafted for the last session and was pulled back – it was suggested that the report card should not be legislated. **Robyn Elliott** commented that the report needs to be legislated. **Jim McComb** stated that the previous legislation was pulled back by the urging of MARFY. **Sheryl Brissett Chapman** stated that the report card could just be used by the Secretaries. **Carmen Brown** stated that if the report card is legislated, it could be difficult to pull back or modify. **Robyn Elliott** stated that legislation can be set up giving agencies flexibility with regulations. **Lori Doyle** stated that legislation provides protection for all parties. CSOMS was legislated. This item will be taken back to the Task Force for discussion on October 27.

**Robyn Elliott** stated that the report card is not reflective of DDA's philosophy and providers will be selective in admitting clientele – providers will pull out from providing services to minor children.

**Sheryl Brissett Chapman** stated that the report card is really a disclosure, a snap shot, of what agencies look like. **Carmen Brown** stated that DHR monitors over 75% of DDA programs because they serve DHR clients. The items on the report card are not additional requirements.

Another participant stated there is no new issue being thrown into the report card. **Robyn Elliott** stated that the purpose of the report card is heading down the road to

performance-based contracts. She also inquired about the use of the report card – will it be internal for the Secretaries and/or external by consumers? **Sheryl Brissett Chapman** stated that the report card will be internal until it can be validated. **Robyn Elliott** stated that for providers to be comfortable, they need to know who do they talk to if they have a problem with the report card. **Sheryl Brissett Chapman** stated that concerns will be taken back to the Task Force. She asked what do DDA providers want?

- i. Is Family Participation a Reportable Item: **Ezra Buchdahl** recommended adding a standard of family participation in program/services. **Sheryl Brissett Chapman** stated that there is currently no agreement on which practices matters. She recommended looking up some models around standards of family participation.

## 5. Strategy for Input from Private Providers

Feedback will be sought from the entire community of private providers. **Sheryl Brissett Chapman** will craft email. **Jim McComb** will coordinate setting up a forum for private providers to give feedback on the draft report card. **Carmen Brown** stated that the Governor is clear that he wants a tool. The report card will exist – input is needed on what it should look like – format and information. **Jim McComb** will ensure that all provider MARFY and non-MARFY members can provide input.

## 6. Next Steps

**Items to be discussed at next Group Home Task Force Report Card Work Group Meeting:**

- Follow up on Full Task Force discussion re:
  - *Timing of the Report Card Assessment*
  - *Legislation of the Draft Report Card*
- Integration of CSOMS data into the system with existing data (Carmen Brown)
- Measurement: The Tier Rating System
- Research Standards of Family Participation (Steffi Benjamin)

**The date for the next Group Home Task Force Report Card Work Group Meeting to be determined.**

**Attachment: State of Maryland Report Card for Group Homes (DRAFT #4)**



# STATE OF MARYLAND REPORT CARD FOR GROUP HOMES (DRAFT #4)

evaluation system for program performance, including measures of safety, quality, and effectiveness.

ale: To help funders and stakeholders, including consumers, evaluate and compare group home compliance with COMAR regulations, and prevailing standards of care. These data are provided by licensing agents (DJS, DHR, DHMH) who rely on monitoring reports and survey data, as well as, results from the Child and Adolescents Needs and Strengths (CANS) and the Child and Adolescent Intensity instruments.

Date: \_\_\_\_\_

on Name: \_\_\_\_\_

Evaluator: \_\_\_\_\_

edited By: \_\_\_\_\_

ORGANIZATIONAL MANAGEMENT  
COMPLIANCE HISTORY DOMAIN

PROGRAM ASSESSMENT DOMAIN

CHILD AND FAMILY DEVELOPMENT DOMAIN

\*\*\*THREE STAR RATING\*\*\* (Highest Quality Standards)

*During the previous licensing year, the agency*

*During the previous licensing year, the agency:*

*licensing year, the agency:*

reports  
medical injuries  
leaths

% of children experienced an unplanned discharge (72 hours)  
% of children were discharged without achieving the placement goal

prescribed services based on a treatment plan in a timely, quality manner  
xited to enroll, within 5 working days of placement in out-of-home care, 100% of all school-

% of youth, with no change in residence during the school year, experienced 2 or less school-  
; the school year  
re than 50% of the youth did well or had adequate relationships with available family

outcome, post establishment of a baseline.

☐ Exceeded standards for client records

☐ Exceeded standards for physical plant and compliance with federal, state, and local codes

☐ Exceeded standards for formal process for program planning and evaluation

☐ Exceeded standards for program quality improvement

☐ Exceeded standards for individual service plans

☐ Exceeded standards for referring agency to input and provide feedback into treatment planning process

☐ Was not placed on probation

☐ Had no part of its license temporarily suspended (intake closed)

☐ Received no major civil penalties

☐ Was in substantial compliance with license regulations and contractual obligations

☐ Provided neighbors, placing agencies, and access to the CEO or Executive Administrator complaints or concerns

☐ CEO or Executive Administrator responded to community complaints within 72 hours (days)

☐ Had 100% of personnel records complete documentation of certification and training



| CHILD AND FAMILY DEVELOPMENT DOMAIN  | PROGRAM ASSESSMENT DOMAIN   | ORGANIZATIONAL MANAGEMENT/<br>COMPLIANCE HISTORY DOMAIN  |
|--|---|--|
| <p><b>A TWO STAR RATING</b> (Better Quality Standards)</p> <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li>reports that were resolved with corrective action</li> <li>2 negligent medical injuries</li> <li>deaths</li> <li>5% of children experienced an unplanned discharge (72 hours)</li> <li>5% of children were discharged without achieving the placement goal</li> <li>prescribed services based on a treatment plan in a timely, quality manner</li> <li>50% of children were placed in out-of-home care, 90% of all school-</li> <li>50% of youth, with no change in residence during the school year, experienced 2 or more</li> <li>50% of the youth did well or had adequate relationships or moderate problems with</li> <li>members</li> <li>outcome, post establishment of a baseline.</li> </ul> | <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fully met standards for client records</li> <li><input type="checkbox"/> Fully met standards for physical plant and compliance with federal, state, and local codes</li> <li><input type="checkbox"/> Fully met standards for formal process for program planning and evaluation</li> <li><input type="checkbox"/> Fully met standards for program quality improvement</li> <li><input type="checkbox"/> Fully met standards for individual service plans</li> <li><input type="checkbox"/> Fully met standards for referring agency to input and provide feedback into treatment planning process</li> </ul> | <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Was not placed on probation</li> <li><input type="checkbox"/> Had no part of its license temporarily suspended (intake closed)</li> <li><input type="checkbox"/> Received no major civil penalties</li> <li><input type="checkbox"/> Was in partial compliance with licensing regulations and contractual obligations, and operated under corrective action</li> <li><input type="checkbox"/> Provided neighbors, placing agencies, and clients access to a certified childcare administrator to complaints or concerns</li> <li><input type="checkbox"/> CEO or Executive Administrator responded to community complaints within 72 hours (3 calendar days)</li> <li><input type="checkbox"/> Had 90% of personnel records complete with documentation of certification and training</li> </ul> |

| CHILD AND FAMILY DEVELOPMENT DOMAIN   | PROGRAM ASSESSMENT DOMAIN  | ORGANIZATIONAL MANAGEMENT/<br>COMPLIANCE HISTORY DOMAIN  |
|---|--|--|
| <p><b>★ ONE STAR RATING ★ (Good Quality Standards)</b></p> <p><i>During the previous licensing year, the agency:</i></p> <p>reports which warranted penalties or civil action<br/>gligent medical injuries<br/>aths</p> <p>% of children experienced an unplanned discharge (72 hours)<br/>% of children were discharged without achieving the placement goal</p> <p>rescribed services based on a treatment plan in a timely, quality manner<br/>ed to enroll, within 5 working days of placement in out-of-home care, 80% of all school-<br/>of youth, with no change in residence during the school year, experienced 2 or more<br/>during the school year<br/>than 50% of the youth have moderate/severe problems with available family members*</p> <p>income, post establishment of a baseline.</p> | <p><i>During the previous licensing year, the agency:</i></p> <p><input type="checkbox"/> Had minor deficiencies in client records</p> <p><input type="checkbox"/> Had minor deficiencies in physical plant and compliance with federal, state, and local codes</p> <p><input type="checkbox"/> Had minor deficiencies in its process for program planning and evaluation</p> <p><input type="checkbox"/> Had minor deficiencies in program quality improvement</p> <p><input type="checkbox"/> Had minor deficiencies in individual service plans</p> <p><input type="checkbox"/> Had minor deficiencies for referring agency to input and provide feedback into treatment planning process</p> | <p><i>During the previous licensing year, the agency:</i></p> <p><input type="checkbox"/> Was placed on probation</p> <p><input type="checkbox"/> Had part of its license temporarily suspended (intake closed)</p> <p><input type="checkbox"/> Received a major civil penalty</p> <p><input type="checkbox"/> Was non-compliant with licensing regulations contractual obligations, resulting in sanction, corrected during the operating year</p> <p><input type="checkbox"/> Provided neighbors, placing agencies, and cli access to line staff to voice complaints or con</p> <p><input type="checkbox"/> CEO or Executive Administrator responded t community complaints within 72 hours (3 or days)</p> <p><input type="checkbox"/> Had 80% of personnel records complete with documentation of certification and training</p> |
| <p><b>COMPLIES WITH LICENSING REGULATIONS ONLY</b></p> <p><i>During the previous licensing year, the agency:</i></p> <p>with open intake for new referrals<br/>approved/ monitored by the contracting agency for compliance with COMAR regulations<br/>uirement which allowed family members access to youth in care<br/>uirement for school-aged children to attend school<br/>te requirements to provide life skills education<br/>te requirement to provide access to substance abuse education and treatment<br/>rsonnel requirement for childcare administration certification and crisis management<br/>mmunity resources to provide community-based support, as well as transitional and aftercare<br/>n Care</p>  | <p><i>During the previous licensing year, the agency:</i></p> <p><input type="checkbox"/> Met minimal licensing standards</p>  | <p><i>During the previous licensing year, the agency:</i></p> <p><input type="checkbox"/> Had an active license</p>  |

# **Task Force to Study Group Home Education and Placement Practices**

**November 26, 2008 Meeting**

Agenda  
Meeting Notes  
Report Card



**GROUP HOME TASK FORCE**

**AGENDA November 25, 2008**

- |                              |  |
|------------------------------|--|
| 1. Welcome and Introductions | Sen. Zirkin                              |
| 2. Report Cards              | Carmen Brown and Sheryl Brissett-Chapman |
| 3. Review of Summary Report  | All                                      |
| 4. Next Steps                | All                                      |

Adjournment

## GROUP HOME TASK FORCE

### NOTES

November 25, 2008

#### 1. Welcome and Introductions      Sen. Zirkin

Senator Zirkin opened the meeting by thanking Secretary Donald for chairing the Task Force in his absence the last few months. He noted that many good things, primarily policy and culture changes, have happened with group homes in the last year thanks to Secretaries Donald and DeVore. Sec. Donald thanked the Senator for his leadership and for providing a forum in which to make changes. Del. Lafferty agreed that good things have come out of this body and he was appreciative of the opportunity to serve.

#### 2. Report Cards      Carmen Brown and Sheryl Brissett-Chapman

Draft #7 was if the report card was distributed. Comments from last meeting were incorporated. Outcomes measures deleted until data is available from CSOMS. The format now has 5 levels of performance instead of 3. The levels are tied to monitoring practices and stratified according to corrective actions. The workgroup used the DHMH structure as a model. This document will be presented to MARFY members at their meeting on Dec. 4. All feedback will go through Jim McComb. It will also be distributed to LDSS directors and deputy directors for review and feedback. DHMH and DJS will also circulate it to their staff. Sec. Donald asked how the report card will be populated. What is time frame for comments? Carmen Brown responded that OLM will be responsible for completing report cards. Comments due are by Dec. 10. Sheryl Brissett-Chapman recommended that feedback be structured. There needs to be categories. The criteria need to be very clear. There should be no room for subjective interpretation by monitors. Kevin Keegan recommended the addition of a requirement for full participation in CSOMS and a certified program administrator. Frank Kros stated that there needs to be definitions. He also asked what the appeal process is and is there a connection between report card and rates or referral. Kevin Keegan responded that this is a reflection of a provider's licensing status. Sheryl Brissett-Chapman asked how this will be done before the 4<sup>th</sup>. Sec. Donald state that this is about licensing and contractual standards. Current process is not standardized. DHR will use this to help inform contracting decisions. Sheryl Brissett-Chapman mentioned that 2 items are not explicit in licensing and contract: access to CEO and response within 72 hours, and it shouldn't be presented to providers until definitions are done. Frank Kros stated that because the stakes are so high, an appeal process is critical. Next steps- document will go to providers for feedback with categories for feedback by the 10<sup>th</sup>. DHR will work on process and timeline for implementation. DHR will use this to help inform decisions. I



Information in the report card will be based on the previous year's performance. Requirements and definitions will not be new; they will be based on what already exists. As the process evolves they may change. **Frank Kros** asked if there is any plan to publish or a plan for other uses. **Kevin Keegan** indicated that DHR has no plans to publish and they will be used in general decision making.

#### **Review of Summary Report     All**

**Sec. Donald** stated even though the task force didn't accomplish everything in the bill, the work that was done was really important. She added that unfortunately we didn't get the educational piece done; however, there are other groups who are working on that. More comments due by the end of today. **Kevin Keegan** will send the education handbook and video electronically.

**Sen. Zirkin** asked about DJS Statement of Need. He wanted to know how comports with the law requiring geography as a criteria. He also asked how it fits with Rite Of Passage taking over the Bowling Brook property. **Shelley Tinney** explained that the two are not connected. Rite of Passage submitted a proposal before the statement of need law went into effect and was approved based on advice from the AAG. Sen. Zirkin does not think that this comes close to the intent of the law. He is also concerned that the Statement of Need does not meet the intent of the law with regards to geographical considerations. He indicated that perhaps we should seek an updated opinion from the AAG or perhaps the law will need to be rewritten.

**Sheryl Brissett-Chapman** states that she believes the state does not have the capacity to serve youth who are currently out of state. She expressed concern that the conversation is focused on geography and not the needs of child. **Kevin Keegan** indicated that DHR is addressing these issues with providers; looking at what would it take to serve these youth.

Adjournment

# STATE OF MARYLAND REPORT CARD FOR GROUP HOMES (DRAFT #7)

**GOAL:** Establish a reporting system for program performance.

**Methodology/Rationale:** To help funders and stakeholders, including consumers, evaluate and compare group home compliance with COMAR regulations, and prevailing standards of care. These data are provided by the State's licensing agents (DJS, DHR, DHMH) who rely on monitoring reports and survey data.

**Facility/ Organization Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_

| TIER #5 (Highest Standards)   |  |
|---|--|
| PROGRAM ASSESSMENT DOMAIN   | ORGANIZATIONAL MANAGEMENT/COMPLIANCE HISTORY DOMAIN  |
| <p><i>During the previous licensing year, the agency had no corrective actions related to any of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standards for client records</li> <li><input type="checkbox"/> Standards for physical plant and compliance with federal, state, and local codes</li> <li><input type="checkbox"/> Standards for formal process for program planning and evaluation</li> <li><input type="checkbox"/> Standards for program quality improvement</li> <li><input type="checkbox"/> Standards for individual service plans</li> <li><input type="checkbox"/> Standards for referring agency to input and provide feedback into treatment planning process</li> </ul> | <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Had no part of its license temporarily suspended (e.g., intake closed)</li> <li><input type="checkbox"/> Received no major civil penalties</li> <li><input type="checkbox"/> Had no violations noted in regards to compliance with licensing regulations and contractual obligations</li> <li><input type="checkbox"/> Provided neighbors, placing agencies, and clients direct access to the CEO or Executive Administrator to voice complaints or concerns</li> <li><input type="checkbox"/> The CEO or Executive Administrator responded to 100% of community complaints within 72 hours (3 consecutive days)</li> <li><input type="checkbox"/> Had no violations noted regarding personnel records complete with required documentation of certification and training</li> </ul> |

**Tier #4 (Good Standards)**

| PROGRAM ASSESSMENT DOMAIN  | ORGANIZATIONAL MANAGEMENT/COMPLIANCE HISTORY DOMAIN  |
|--|--|
| <p><i>During the previous licensing year, the agency had minor corrective actions related to one or more of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standards for client records</li> <li><input type="checkbox"/> Standards for physical plant and compliance with federal, state, and local codes</li> <li><input type="checkbox"/> Standards for formal process for program planning and evaluation</li> <li><input type="checkbox"/> Standards for program quality improvement</li> <li><input type="checkbox"/> Standards for individual service plans</li> <li><input type="checkbox"/> Standards for referring agency to input and provide feedback into treatment planning process</li> </ul> | <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Had no part of its license temporarily suspended (e.g., intake closed)</li> <li><input type="checkbox"/> Received no major civil penalties</li> <li><input type="checkbox"/> Had minor corrective actions as they relate to compliance with licensing regulations and contractual obligations, and operated under minor corrective action</li> <li><input type="checkbox"/> The licensing agency received 1 complaint regarding direct access to a certified childcare administrator to voice complaints or concerns from neighbors, placing agencies, and clients</li> <li><input type="checkbox"/> The licensing agency received 1 complaint regarding the CEO or Executive Administrator's response to community complaints within 72 hours (3 consecutive days)</li> <li><input type="checkbox"/> Had minor corrective action related to personnel records complete with required documentation of certification and training</li> </ul> |

| Tier #3 (Acceptable Standards)   |  |
|--|--|
| PROGRAM ASSESSMENT DOMAIN  | ORGANIZATIONAL MANAGEMENT/COMPLIANCE HISTORY DOMAIN  |
| <p><i>During the previous licensing year, the agency had major corrective actions related to one or more of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standards for client records</li> <li><input type="checkbox"/> Standards for physical plant and compliance with federal, state, and local codes</li> <li><input type="checkbox"/> Standards for formal process for program planning and evaluation</li> <li><input type="checkbox"/> Standards for program quality improvement</li> <li><input type="checkbox"/> Standards for individual service plans</li> <li><input type="checkbox"/> Standards for referring agency to input and provide feedback into treatment planning process</li> </ul> | <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Had part of its license temporarily suspended (e.g., intake closed)</li> <li><input type="checkbox"/> Received a major civil penalty</li> <li><input type="checkbox"/> Had major corrective actions as they relate to compliance with licensing regulations and contractual obligations, resulting in major corrective action or sanction, but corrected during the operating year</li> <li><input type="checkbox"/> The licensing agency received 2 complaints regarding direct access to line staff to voice complaints or concerns from neighbors, placing agencies, and clients</li> <li><input type="checkbox"/> The licensing agency received 2 complaints regarding the CEO or Executive Administrator's response to community complaints within 72 hours (3 consecutive days)</li> <li><input type="checkbox"/> Had major corrective action related to personnel records complete with required documentation of certification and training</li> </ul> |

| Tier #2 (Minimal Standards) |
|-----------------------------|
|-----------------------------|

| PROGRAM ASSESSMENT DOMAIN   | ORGANIZATIONAL MANAGEMENT/COMPLIANCE HISTORY DOMAIN  |
|---|--|
| <p><i>During the previous licensing year, the agency met minimal licensing standards and had serious corrective actions coupled with sanctions related to one or more of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standards for client records</li> <li><input type="checkbox"/> Standards for physical plant and compliance with federal, state, and local codes</li> <li><input type="checkbox"/> Standards for formal process for program planning and evaluation</li> <li><input type="checkbox"/> Standards for program quality improvement</li> <li><input type="checkbox"/> Standards for individual service plans</li> <li><input type="checkbox"/> Standards for referring agency to input and provide feedback into treatment planning process</li> </ul> | <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Had part of its license temporarily suspended (e.g., intake closed)</li> <li><input type="checkbox"/> Received a major civil penalty</li> <li><input type="checkbox"/> Had serious corrective actions and or sanction as they relate to compliance with licensing regulations and contractual obligations, resulting in serious corrective action or sanction, but corrected during the operating year</li> <li><input type="checkbox"/> The licensing agency received more than 3 complaints regarding direct access to line staff to voice complaints or concerns from neighbors, placing agencies, and clients</li> <li><input type="checkbox"/> The licensing agency received more than 3 complaints regarding the CEO or Executive Administrator's response to community complaints within 72 hours (3 consecutive days)</li> <li><input type="checkbox"/> Had serious corrective action and or sanction related to personnel records complete with required documentation of certification and training</li> </ul> |

| Tier #1 (Unacceptable Standards)  |  |
|---|--|
| PROGRAM ASSESSMENT DOMAIN   | ORGANIZATIONAL MANAGEMENT/COMPLIANCE HISTORY DOMAIN  |
| <p><i>During the previous licensing year, the agency did not meet minimal licensing standards and had serious corrective actions coupled with numerous sanctions related to one or more of the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standards for client records</li> <li><input type="checkbox"/> Standards for physical plant and compliance with federal, state, and local codes</li> <li><input type="checkbox"/> Standards for formal process for program planning and evaluation</li> <li><input type="checkbox"/> Standards for program quality improvement</li> <li><input type="checkbox"/> Standards for individual service plans</li> <li><input type="checkbox"/> Standards for referring agency to input and provide feedback into treatment planning process</li> </ul> | <p><i>During the previous licensing year, the agency:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Had part or all of its license temporarily suspended (e.g., intake closed)</li> <li><input type="checkbox"/> Had action taken by the licensing agency to revoke license</li> <li><input type="checkbox"/> Received a major civil penalty</li> <li><input type="checkbox"/> Had serious corrective actions and/or sanction as they relate to compliance with licensing regulations and contractual obligations, resulting in serious corrective action or sanction, but not corrected during the operating year</li> <li><input type="checkbox"/> The licensing agency received more than 3 complaints regarding direct access to line staff to voice complaints or concerns from neighbors, placing agencies, and clients</li> <li><input type="checkbox"/> The licensing agency received more than 3 complaints regarding the CEO or Executive Administrator's response to community complaints within 72 hours (3 consecutive days)</li> <li><input type="checkbox"/> Had serious corrective action and or sanction related to personnel records complete with required documentation of certification and training</li> </ul> |



# Appendices



## **Meeting Summaries**

### **September 17, 2007**

At the September meeting there were several presentations by the Department of Health and Mental Hygiene (DHMH), the Department of Human Resources (DHR), the Department of Juvenile Services (DJS), and the Governor's Office for Children (GOC) that provided background information on the current process for the licensure of group homes as well as data on the number of homes and the numbers of youth place in group homes. The Task Force also reviewed a list of legislation regarding group homes that has been introduced since 1999 in an effort to get a perspective of the changes that have occurred during the last eight years. The Maryland State Department of Education (MSDE) reported on the process of approving non-public education programs operated within group homes and how they are funded. MSDE also explained that youth in group homes who attend public school are tracked by the local school system. Their progress is also tracked by the case worker at the local placement agency.

### **October 15, 2007**

At the October meeting the Governor's Office for Children presented the legislative mandate for the Task Force and reviewed past legislation and the progress made toward the implementation of each bill. There was discussion about the lack of clarity regarding the definitions of various types of group homes, the licensing process that is largely provider driven, how educational needs impact placement decisions and what exactly does the state expect group homes to deliver. As the result of these discussions, four workgroups were established to study each issue and report back to the Task Force.

### **December 10, 2007**

The December meeting began with a presentation from DHMH about the two types of homes licensed by that agency and the unique needs of the youth served by those programs. The Legal Aid Bureau made a presentation on the results of a survey of youth represented by that agency who reside in group homes. It was recommended that the State develop a Bill of Rights for youth in out of home care. The workgroup assigned to study the feasibility of a Certificate of Need-like process reported that they also considered an RFP process for soliciting new group homes and performance based contracting. A representative from the Maryland Health Care Commission reported on the Certificate of Need process for the establishment of new health care facilities. It is unlikely that this model would be feasible for establishing new group homes. There was also concern about how the Federal Fair Housing Act would impact such a process. The Education Issues workgroup reported on educational placements and funding issues. It was reported that the local school systems do not track youth by living arrangements.

### **February 4, 2008**

At the February meeting members were given alternative procurement methods and performance based contracting, potential new definitions for different types of group homes and educational outcomes for youth in group homes. Senator Zirkin presented drafts of four pieces of legislation that he intended to introduce that day. Those legislative proposals included the statement of need, bill of rights, group home report cards and definitions. After much discussion, it was decided that the definitions bill would not be introduced and instead a workgroup would be convened to address that issue. DHMH indicated that their agency is satisfied with the current system for licensing group homes.

### **June 26, 2008**

At the June meeting the Task Force reviewed legislation introduced and passed during the 2008 legislative session pertinent to its work. Writing the regulations for SB782 was assigned to the Resource Development and Licensing Committee (RDLC). A workgroup was established to draft a bill of rights (SB 742) for youth in group homes. The bill on report cards was pulled back and a workgroup was established to study this issue and create a template and procedure for implementation. DHMH gave a report on the legislation regarding the certification of child care workers (SB 783).

### **August 2008 – October 2008**

Each of the next three meetings (August 22, September 22 And October 27, 2008) consisted of updates from each of the workgroups regarding progress on their respective assignments. At the October meeting, DHMH indicated that the report card does not fit well with their philosophy or their methods of monitoring group homes. They would like to be exempt from using it, or have the report card re-modeled to apply to all types of children in out of home placements. Significant progress has been made on the report card however, and DHMH has participated in the workgroup. The final version of the Bill of Rights was presented to the group and DHR offered to provide a poster size copy of the Bill of Rights to all facilities licensed under 14.31.05 and .06 (Group Homes). Additionally, a guide was developed to provide to group homes as they develop manuals to give to residents, guardians and placement agencies upon placement. The Legal Aid Bureau indicated that the youth who were involved with the development of the Bill of Rights would like to make a video that group homes could show to residents. DHR indicated they may be able to assist with financing that project.

# **Title 14 INDEPENDENT AGENCIES**

## ***Subtitle 31 OFFICE FOR CHILDREN***

### **Chapter 09 Statement of Need**

**Authority: Human Services Article 8-703.1 Code of Maryland**

#### **.01 Purpose.**

The purpose of these regulations is to establish a process governing the issuance of statements of need for residential child care programs licensed by the Department of Human Resources or the Department of Juvenile Services.

#### **.02 Scope.**

These regulations apply to the issuance of a statement of need for the location and establishment of residential child care programs to be licensed by the Department of Human Resources or the Department of Juvenile Services. These regulations also apply to the relocation of an existing or previously licensed residential child care program to another site and the physical expansion of, or increase in the number of placements of an existing residential child care program.

#### **.03 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Agency" means the Department of Human Resources or the Department of Juvenile Services.

(2) "Expansion request" means the materials required by the Office submitted by a licensed provider that seeks to add additional beds to an existing facility or to duplicate a residential child care program in a new location.

(3) "Facility" means the physical premises where a residential child care program is operated.

(4) "Licensing" means the process undertaken by an agency to issue, suspend, revoke or deny a license.

(5) "Office" means the Governor's Office for Children.

(6) "Proposal" means the materials required by the Office, submitted by a potential new provider or an established provider to seeking to develop a new residential child care facility or program.

(8) "Provider" means the operator of a residential child care program.

(9) "Residential child care program" means a program of care provided in a residential setting by a provider on a 24-hour basis, for longer than 24 hours, to a child or children unless otherwise provided by State law. A residential child care program, for the purposes of a statement of need, does not include any program licensed by Department of Health and Mental Hygiene. .

(10) "Statement of Need" means an official certification of public need issued by an Agency for the location and establishment in a jurisdiction of a residential child care program.

#### **.04 Statement of Need.**

- A. The Department of Human Resources, the Department of Juvenile Services, and the Governor's Office for Children shall collaborate to develop a methodology for evaluating the need for residential child care programs.
- B. In developing the statement of need, an Agency shall:

(1) Consider needs identified in the state resource plan and the interagency strategic plan.

(2) Consider the specialized mental, physical and behavioral health and development needs of children in the county or region affected by the statement of need.

C. When the need for a residential child care program is identified, an Agency shall publish a notice of a statement of need in the Maryland Register.

D. . The statement of need shall include:

- (1) Identification of the geographic area(s) of need;
- (2) Identification of population to be served including specialized mental, physical, behavioral health and developmental needs of the children affected by the statement of need;
- (3) Description of services needed;
- (4) Number of beds needed;

(5) Date by which proposals must be submitted; (6) date by which beds must be available; and

(E) Proposals for a residential child care program must be submitted to the Office in accordance with COMAR 14.31.02 only in response to a published statement of need.

F. An Agency may not grant a license for a residential child care program unless a statement of need has been issued.

G. An Agency may not delegate its authority to issue a statement of need.

#### **.05 Incorporation by Reference.**

A. In this chapter, the following documents are incorporated by reference.

B. Documents Incorporated.

(1) Statement of Need Procedure – Identification and Announcement of Need (November 2008 version).

(2) Statement of Need Procedure – Proposal Submission and Selection (November 2008 version).



## **.06 Waiver**

### **A. Request for Waiver.**

- (1) An applicant or licensee may submit to the licensing agency a written request for a waiver.
- (2) The applicant or licensee shall include in the request specific facts upon which the waiver is requested and shall demonstrate that:
  - (a) The waiver is necessary to meet the requirements of State or federal law; or
  - (b) It would be unduly burdensome and inequitable for the applicant or licensee to comply with the provisions of the regulation for which the waiver is requested; and
  - (c) Under the waiver, the program will maintain the health, safety, and well-being of the children in the program at or above the level required by the regulation for which the waiver is sought.

### **B. Licensing Agency Action on Request for Waiver.**

- (1) The licensing agency shall act on a request for a waiver and notify the applicant or licensee of its decision within 30 days of receipt of the request, except for good cause.
- (2) The licensing agency may grant the request for a waiver if:
  - (a) The applicant or licensee submitted the request in accordance with the provisions of §B of this regulation;
  - (b) The waiver is consistent with State law;
  - (c) The health, safety, and well-being of the children in the program is not jeopardized by the granting of the waiver; and
  - (d) The licensing agency determines that the requested waiver meets the requirements of §B(2) of this regulation.
- (3) Unless otherwise specified in the licensing agency's decision, a waiver remains in effect for the term of the license.
- (4) Appeals. An applicant or licensee aggrieved by the decision of the licensing agency on a request for a variance or waiver may appeal the decision under Regulation .07 of this chapter.





Governor's Office for Children  
*Promoting the well-being of Maryland's children*

State of Maryland Executive Department

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Martin O'Malley  
Governor

Anthony Brown  
Lieutenant Governor

Greg Shupe  
Interim Executive Director

October 1, 2008

The Honorable Thomas V. Mike Miller, Jr., President  
State House, H-107  
Annapolis, MD 21401 – 1991

The Honorable Michael Busch, House Speaker  
State House, H-101  
Annapolis, MD 21401 – 1991

Re: Statement of Need  
MSAR # 7322 SB782/ Ch.454, Sec. 2, 2008

Dear Senator Miller and Delegate Busch:

The Department of Human Resources (DHR), the Department of Juvenile Services (DJS) and the Governor's Office for Children (GOC) is required by the Senate Bill 782 (2008 Session) to jointly report to the General Assembly by October 1 2008, in accordance with §2-1246 of the State Government Article:

1. the processes adopted under the Act for developing a statement of need and for determining and documenting the needs of children affected by the statement of need;
2. ways in which the agencies will coordinate the appropriate development of placement resources; and
3. actions taken and planned to develop resources in underserved areas and resources that match the nature and intensity of the documented, specialized needs of children, including strategies to overcome community resistance.

The purpose of this correspondence is to fulfill these requirements.

The Children's Cabinet has authorized the Resource Development and Licensing Committee (RDLC) to write the regulations and develop a mechanism for determining

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need and accepting proposals in response to a statement of need and the criteria for selecting an organization to provide services. The RDLC is a standing committee of the Children's Cabinet. This collaborative interagency committee consists of partners from the state agencies that license, monitor and fund children's placements in community based residential facilities and representatives from the private provider community. The RDLC is responsible for providing a coordinated approach to the development and implementation of licensing and monitoring policy for community-based homes, and resource development. The regulations have been drafted and were approved by the Children's Cabinet on September 25, 2008. They will be submitted to AELR in October. The AELR process takes a minimum of 97 days and, barring some unforeseen problem, we anticipate the regulations would become effective in February 2009. We have been advised by our AAG's, however, that implementation of the statute does not depend on promulgation of the regulations. Therefore, the prohibition against licensing new group homes or expanding existing ones takes effect October 1, 2008. While the regulations are in process with AELR, the RDLC will draft policies for Children's Cabinet approval on how need will be determined, how proposals will be accepted in response to a statement of need and the selection criteria for a successful proposal. We anticipate that this work will be complete by the time the regulations go into effect.

The licensing agencies will coordinate the development of appropriate placement resources through the Children's Cabinet Results Team (CCRT). There are a number of initiatives that will inform decision making, including the Interagency Strategic Plan, the annual State Resource Plan, DHR's service array and local management boards'(LMB's) needs assessments. These same initiatives will inform the development of resources in underserved areas of the state. Through the Children's Cabinet Interagency Fund, GOC provides funds to the LMB's for the development of targeted resources.

Thank you for this opportunity to share the decisions of the Children's Cabinet with regard to the requirement of a statement of need for group home licensure. Please do not hesitate to contact us with any questions.

Brenda Donald  
Secretary, DHR

Donald DeVore,  
Secretary, DJS

Greg Shupe  
Interim Executive Director, GOC

Cc: David Treasure, Department of Budget and Management  
Clarke Williams, Department of Budget and Management  
Steve McCulloch, Department of Legislative Services  
Sarah Albert, Department of Legislative Services (five copies)

| No. | Measure                         | Outcomes and Benchmarks  | Score Options   | %   |
|-----|---------------------------------|--|---|---|
| 1.  | <b>Client Records</b>           | <b>Major components of this section are:</b> <ol style="list-style-type: none"> <li>1. Photograph of client</li> <li>2. Medical history</li> <li>3. Physical Exam annually</li> <li>4. Dental Exam biannually</li> <li>5. Psychiatric Eval as appropriate</li> <li>6. Educational records</li> <li>7. Legal Documents</li> </ol>   | *Exceeds Standards<br>*Fully Meets Standards<br>*Minor Deficiencies<br>*Major Deficiencies<br>*Sanction | Percentage of total possible score obtained |
| 2.  | <b>Personnel Records</b>        | <b>Major components of this section are:</b> <ol style="list-style-type: none"> <li>1. Reference checks</li> <li>2. Criminal background and CPS clearances</li> <li>3. Documentation of Training</li> <li>4. Medical clearance</li> <li>5. Proof of credentials</li> </ol>   | *Exceeds Standards<br>*Fully Meets Standards<br>*Minor Deficiencies<br>*Major Deficiencies<br>*Sanction | Percentage of total possible score obtained |
| 3.  | <b>Physical Plant</b>           | <b>Major components of this section are:</b> <ol style="list-style-type: none"> <li>1. Comply with Federal, State and local codes</li> <li>2. Telephone service</li> <li>3. Building, grounds and equipment</li> <li>4. Sleeping Accommodations</li> <li>5. Bathrooms</li> <li>6. Kitchens and Dining areas</li> <li>7. Counseling and Administrative Space</li> <li>8. Furnishings</li> <li>9. Windows and Doors</li> <li>10. Heat</li> <li>11. Ventilation</li> <li>12. Water</li> </ol> | *Exceeds Standards<br>*Fully Meets Standards<br>*Minor Deficiencies<br>*Major Deficiencies<br>*Sanction | Percentage of total possible score obtained |
| 4.  | <b>Quality Assurance</b>        | <b>Major components of this section are:</b> <ol style="list-style-type: none"> <li>1. A formal process for program planning and evaluation</li> <li>2. Develop, implement, review and evaluate</li> <li>3. Program quality Improvement</li> </ol>   | *Exceeds Standards<br>*Fully Meets Standards<br>*Minor Deficiencies<br>*Major Deficiencies<br>*Sanction | Percentage of total possible score obtained |
| 5.  | <b>Individual Service Plans</b> | <b>Major components of this section are:</b> <ol style="list-style-type: none"> <li>1. Preliminary assessment of need within 3 days</li> <li>2. Individual Service plan with in 30 days</li> <li>3. ISP Review at least every 90 days</li> <li>4. Behavior plan requirements</li> </ol>  | *Exceeds Standards<br>*Fully Meets Standards<br>*Minor Deficiencies<br>*Major Deficiencies<br>*Sanction | Percentage of total possible score obtained |
| 6.  | <b>Governance</b>               | <b>Major components of this section are:</b> <ol style="list-style-type: none"> <li>1. Governance</li> <li>2. Responsibilities of the Board</li> <li>3. Advisory Board (if out-of-state corporation)</li> </ol>  | *Exceeds Standards<br>*Fully Meets Standards<br>*Minor Deficiencies<br>*Major Deficiencies<br>*Sanction | Percentage of total possible score obtained |
| 7.  | <b>Contractual Obligations</b>  | <b>Major components of this section are:</b> <ol style="list-style-type: none"> <li>1. All program services stated in program profile provided with no request for</li> </ol>  | Measures to be determined   |   |

|     |                         |  |                            |   |
|-----|-------------------------|--|----------------------------|---|
|     |                         | additional service<br>2. Provider accepted children in accordance with provider profile (ie. age, sex, behavior, etc.)<br>3. Provider accepted no more than the number of children allowed in appendix A of contract<br>4. Retained earnings certified by provider to DHR for use<br>5. Annual audit submitted as required by December<br>6. The Department was notified of children relocation within providers program |                            |   |
| 8.  | <b>Outcomes</b>         | <b>Major components of this section are:</b><br>1. Protection from harm while in out-of-home placement<br>2. Stability of living environment<br>3. Family situation and efforts to treat and counsel the family unit<br>4. Education or vocational development<br>5. Job skills and employment readiness<br>6. Cessation of drug and alcohol abuse<br>7. Learning not to be aggressive<br>8. Delinquency status          | Measures to be determined  | Percentage of total possible score obtained |
| 9.  | <b>Incident Reports</b> | 1. Number<br>2. Type<br>3. Incident reports submitted within prescribed timeframes   | No standards currently set |   |
| 10. | <b>Complaint Calls</b>  | 1. Number<br>2. Type<br>3. Resolution  | No standards currently set |   |





MARFY

JAMES PAUL MCCOMB  
Executive Director

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May 12, 2008

The Hon. Martin O'Malley, Governor  
State House  
Annapolis, Maryland 21401

Dear Gov. O'Malley:

I am writing to proffer my resignation from the Task Force to Study Group Home Education and Placement Practices.

The Task Force was established to determine the educational needs of youth served by group homes and "examine the current status of group home education and placement practices in out-of-home placements licensed by State agencies" and to "make recommendations for future requirements for the placement of children in State licensed programs." The Task Force is also charged with determining "the feasibility of separate programs and facilities for children commingled in programs licensed by the Department of Juvenile Services, the Department of Human Resources, the Department of Health and Mental Hygiene, and the Maryland State Department of Education" and "the fiscal impact of prohibiting commingling of children on current and future providers." The Task Force has thus far failed to address the principal purposes for which it was established and Taskforce members have not had opportunities to contribute to the agenda.

When the Task Force met in February of this year, drafts of several bills were shared with members for the first time. When the Chair was asked specifically if these bills were to be put forth on behalf of the Task Force, the answer was no, yet when they were introduced and presented in both the Senate and House, they were identified as Task Force bills. As a member of the Task Force, I cannot and would not take a position which does not support any of its recommendations. Under these circumstances, I cannot be confident that future legislation or other policy initiatives which have not been considered and approved by the Task Force will not be put forward and this, in additions to the other considerations noted above, compels my resignation.



*Speaking Out for Maryland's Children, Youth and Families Since 1971*



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Having enthusiastically supported the legislation that created the Task Force, I regret what I regard as a missed opportunity.

Sincerely,

A handwritten signature in dark ink, appearing to read 'J. McComb', with a long horizontal line extending to the left.

James P. McComb  
Executive Director

Cc: Hon. Bobby Zirkin, Chair, Task Force on Group Home Education and Placement Practices